British Columbia's

Action on HIV/AIDS

Report
from the
Interministry
Committee on
HIV/AIDS

November 2000

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BRITISH COLUMBIA
Ministry of Health and
Ministry Responsible for Seniors

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November 2000

I am pleased to release the first report from the Interministry Committee on HIV/AIDS. The report has been developed over the last year in response to the September 1998 document, *British Columbia's Framework for Action on HIV/AIDS*. The report describes the work of British Columbia ministries and Health Canada on HIV/AIDS prevention and education; care, treatment and support; research and training; and leadership/coordination of efforts. The Committee has made great efforts over the last year to respond to the framework and begin to address other issues that have been raised by the Minister's HIV/AIDS Advisory Committee.

This report is one of a number of activities that the government has undertaken in an effort to stem the HIV/AIDS epidemic in British Columbia. These endeavours will continue to bring better care and more effective means of prevention, as well as research, to further our understanding of HIV/AIDS and how to approach its treatment and management.

While the report is valuable as an indicator of government's current and future involvement in HIV/AIDS-related efforts, it is only a beginning. Ongoing analysis by the Interministry Committee of the HIV/AIDS situation in British Columbia and the programs engaged to address the issue are necessary to ensure identified needs are adequately met. These next steps of analysis will be initiated as a priority within the upcoming fiscal year.

I would like to take this opportunity to express my appreciation to the Interministry Committee on HIV/AIDS for all their efforts this past year. A special note of thanks goes to all the ministries and agencies who contributed to the development of this report.

Ministry of Health and Ministry Responsible for Seniors' staff are committed to providing leadership to all those in the health system and seeking out current best practices to ensure the health needs of the people of British Columbia are adequately met. This includes those individuals living with HIV and AIDS and those at risk of HIV. The *British Columbia's Action on HIV/AIDS* report from the Interministry Committee represents a step in that direction; it provides us with an effective means of assessing and evaluating current and future programs across the ministries in the area of HIV/AIDS.

Sincerely,

Corky Evans
Minister

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Table of Contents

1.0 INTRODUCTION 2

1.1 Background 2

2.0 HIV/AIDS IN BRITISH COLUMBIA—AN UPDATE 4

2.1 Changing Nature of HIV/AIDS 5

2.2 HIV Infection in Women 6

2.3 HIV Infection in Aboriginal People 6

2.4 HIV Infection in Youth 7

2.5 New AIDS Cases and AIDS-related Deaths 7

3.0 THE INTERMINISTRY COMMITTEE ON HIV/AIDS 8

3.1 Purpose and Vision 8

3.2 Guiding Principles 8

3.3 Goals and Objectives 10

3.4 Future Directions 11

3.5 Ensuring Accountability 12

3.6 Role of the MINISTER'S HIV/AIDS Advisory Committee 13

4.0 HIV/AIDS-RELATED POLICIES AND PROGRAMS - CURRENT SITUATION 14

4.1 Prevention and Education 14

Ministry of Advanced Education, Training and Technology 14

Ministry of Attorney General 14

Ministry for Children and Families 15

Ministry of Education 15

Ministry of Health 16

Ministry of Social Development and Economic Security (including BC Housing) 16

Ministry of Women's Equality 16

Federal Government 17

4.2 Care, Treatment and Support 17

Ministry of Attorney General 17

Ministry for Children and Families 18

Ministry of Education 18

Ministry of Health 19

Ministry of Social Development and Economic Security (including BC Housing) 19

Ministry of Women's Equality 21

Federal Government 21

4.3 Research and Training 21
Ministry of Attorney General 21
Ministry for Children and Families 21
Ministry of Education 22
Ministry of Health 22
Ministry of Social Development and Economic Security (including BC Housing) 22
Federal Government 22
4.4 Leadership/Coordination of Efforts 23
Ministry of Attorney General 23
Ministry of Education 23
Ministry of Health 23
Ministry of Social Development and Economic Security 23
Federal Government 24
5.0 HIV/AIDS-RELATED POLICIES AND PROGRAMS - FUTURE DIRECTION 25
5.1 Prevention and Education 25
Ministry for Children and Families, Policy Division 25
Outreach/Support Workers 25
Rent Subsidy Programs for Youth 26
Safe Housing for Sexually Exploited Youth 26
Strategic Plan for Aboriginal Services 27
The Creation of Youth Agreements 27
Youth Alcohol and Drug Services 28
Ministry for Children and Families, Policy Division, and Ministry of Health 29
Rent Supplements for Youth with Serious Mental Health Disturbances: Demonstration Project 29
Ministry of Health, Aboriginal Health Division 29
Mental Health Services for Aboriginal People with HIV/AIDS 29
Prevention Services for Aboriginal People 30
Ministry of Health, Adult Mental Health Division 30
HIV/AIDS Prevention and Education for People with Mental Illness 30
Ministry of Health, HIV/AIDS Division 31
Culturally Diverse Women 31
Female Condom 31
Needle Exchange Policy 32
Ministry of Social Development and Economic Security, Social Policy Branch 32
Infant Formula 32
Prophylactics (Condoms) 33
Ministry of Social Development and Economic Security 33
Review of Cheque Delivery System (i.e., "Welfare Wednesday") 33
Ministry of Women's Equality, Policy and Planning Branch 34
Access to HIV/AIDS Information for Women 34

5.2 Care, Treatment and Support 34
Ministry of Education, Special Programs Branch 34
Provision of Appropriate Educational Environments for Students Living with HIV/AIDS and Awareness and Prevention Education as It Impacts Population Health 34
Ministry of Health, Aboriginal Health Division 35
Aboriginal Women's Addiction Services 35
Communication Barriers to Service Utilization for Aboriginal People 36
Harm Reduction in Aboriginal Communities and Organizations 36
Improved Access to Home-based Services for Aboriginal People 37
Ministry of Health, Adult Mental Health Division 38
People with Mental Illness Involved in the Criminal Justice System 38
Ministry of Health, HIV/AIDS Division 38
Interministry Committee Support 38
Standards and Outcomes for HIV/AIDS Services 39
Ministry of Health, Medical Services Plan 39
Primary Care Services for People with HIV/AIDS 39
Ministry of Health, Women's Health Bureau 40
Antiretroviral Medication for Women 40
Ministry of Social Development and Economic Security, Social Policy Branch 40
Additional Health Care Needs of BC Benefits Participants Living with HIV/AIDS 40
Treatment of Housing Subsidies Provided by Other Ministries/Agencies and Received by BC Benefits Recipients 41
Pre-release Planning for Prisoners in Provincial Corrections Institutions 42
Ministry of Social Development and Economic Security, BC Housing 42
Title: *Providing People Living with HIV/AIDS with the Best Possible Care, Treatment and Support Services* 42
5.3 Research and Training 43
Ministry of Advanced Education, Training and Technology, Post Secondary Education Division 43
Enhancing the Knowledge Base and Skills of Students Enrolled in Health Programs Who Will be Caring for, Working with and/or Teaching People with HIV/AIDS 43
Ministry of Attorney General, Corrections Branch 44
Monitoring HIV Prevalence in Inmate Populations 44
Ministry of Health, HIV/AIDS Division 44
Community-based Research Initiatives 44
Training for Health and Other HIV/AIDS Service Providers 44
Ministry of Health, HIV/AIDS Division, and Ministry of Women's Equality 45
Awareness and Understanding of Women's Issues in the Context of HIV/AIDS 45

5.4 Leadership/Coordination of Efforts 45
Ministry of Community Development, Cooperatives and Volunteers 45
Vancouver Agreement for Downtown Eastside 45
Ministry of Health, HIV/AIDS Division 46
Coordination and Collaboration on Federal and Provincial HIV/AIDS Strategies 46
Coordination of an HIV/AIDS Prevention Strategy for British Columbia 47
Coordination of Provincial and Aboriginal HIV/AIDS Strategies 47
Coordination of a Regional Planning Process for HIV/AIDS 48
Ministry of Social Development and Economic Security 49
Additional Health Care Needs of People Living with HIV/AIDS 49
6.0 NEXT STEPS 50
APPENDIX A: *British Columbia's Framework for Action on HIV/AIDS* Goals and Objectives 51
APPENDIX B: *The Red Road: Pathways to Wholeness-Strategic Goals* 53
APPENDIX C: *Health Goals for British Columbia* 57
APPENDIX D: Ministry Contact Information 59
APPENDIX E: Interministry Committee Members 61
APPENDIX F: Reference Documents 63
APPENDIX G: Glossary 64

Executive Summary

This report from British Columbia's Interministry Committee on HIV/AIDS is a response to the September 1998 document, *British Columbia's Framework for Action on HIV/AIDS*. The report expands on information and government actions described in the framework, provides recent data on HIV/AIDS and outlines the committee's principles, goals, objectives, priorities and actions to the year 2003. The committee's work plans will be developed in consultation with the Minister's HIV/AIDS Advisory Committee.

Two principles have guided the Interministry Committee on HIV/AIDS in the development of this report. First, the population health approach that considers all the determinants of health and is used in the *Health Goals for British Columbia*. Second, the harm reduction approach that focuses on reducing the harm to the individual, community and society.

The actions currently being taken by the Ministries of Advanced Education, Attorney General, Children and Families, Education, Health, Social Development and Economic Security (including BC Housing) and Women's Equality are described. Contact details for further information for each ministry are provided. Some of the actions carried out by the federal government — Health Canada, the Medical Research Council, the National Health Research and Development Program — and the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS are also included.

Consistent with *British Columbia's Framework for Action on HIV/AIDS*, this report describes the work of ministries and governments on HIV/AIDS prevention and education; care, treatment and support; research and training; and leadership/coordination of efforts. With input from the Minister's HIV/AIDS Advisory Committee and other stakeholders, the Interministry Committee will continue to address issues that require a collaborative approach. Preliminary planning has identified addictions services, income support and related issues, housing, economic and community development opportunities, public education for adults and youth and the special needs of children and families as areas for future discussion and action.

1.0 Introduction

British Columbia's Framework for Action on HIV/AIDS commits the Ministry of Health to participate in the development of a report by the Interministry Committee on HIV/AIDS. The report will describe each ministry's HIV/AIDS policies and programs and identify how these programs can be better coordinated.

British Columbia's Action on HIV/AIDS is the initial response by the Interministry Committee on HIV/AIDS to the framework. The report:

- expands on information and government actions described in the framework;
- reviews the current status of HIV/AIDS in British Columbia;
- discusses the role of the Interministry Committee on HIV/AIDS, including its principles, goals and objectives;
- presents an overview of existing actions by ministries and governments, including the federal government; and
- presents priorities and actions to the year 2003.

A detailed work plan will be developed in consultation with the Minister's HIV/AIDS Advisory Committee.

1.1 Background

HIV, the human immunodeficiency virus, was identified as a health concern for British Columbians, especially among gay men and recipients of blood products, in the early 1980s. The number of new HIV infections in British Columbia increased throughout the late 1980s and early 1990s, reaching an all-time high in 1996. In early 1997, the Vancouver/Richmond Health Board declared a public health emergency as a result of the outbreak of HIV among injection drug users in Vancouver's Downtown Eastside neighborhood. British Columbia's Minister of Health responded to the crisis by providing the Vancouver/Richmond Health Board with $3 million for services in the Downtown Eastside. A Director, Provincial AIDS Strategy, was appointed to develop a comprehensive HIV/AIDS framework for British Columbia by building on the extensive research on HIV/AIDS issues that had been undertaken in consultation with the HIV/AIDS community and health care providers. The Minister also provided funding to the BC Aboriginal HIV/AIDS Task Force to develop an Aboriginal HIV/AIDS strategy for the province.

To provide a coordinated government response to HIV/AIDS, an Interministry Committee on HIV/AIDS was established in Fall 1997. The committee consists of the Ministries of Aboriginal Affairs, Advanced Education, Training and Technology, Attorney General, Children and Families, Education (kindergarten to Grade 12), Health, Social Development and Economic Security and Women's Equality. To promote coordination between the provincial and federal governments, a

representative from Health Canada's British Columbia region sits as an ex-officio member. In September 1998, the Minister of Health released *British Columbia's Framework for Action on HIV/AIDS*. The framework is intended to guide British Columbia's effort to prevent the spread of HIV and provide appropriate care for those affected. On February 1, 1999, *The Red Road: Pathways to Wholeness*, the BC Aboriginal HIV/AIDS Task Force's Aboriginal HIV/AIDS strategy, was presented to the Minister of Health. *The Red Road* outlines strengths and gaps in Aboriginal HIV/AIDS services and makes recommendations to address HIV/AIDS among on- and off-reserve Aboriginal people. (Appendices A and B, respectively, include the goals and objectives of *British Columbia's Framework for Action on HIV/AIDS* and the strategic goals of *The Red Road: Pathways to Wholeness*.) Both documents stress that stemming the spread of HIV and providing care and support to people affected by the virus are beyond the jurisdiction of any single ministry or level of government. They emphasize the need for interministry and intergovernmental cooperation.

British Columbia's Framework for Action on HIV/AIDS and *The Red Road: Pathways to Wholeness* promote a population health approach, similar to British Columbia's provincial health goals (Appendix C describes the six provincial health goals). These goals are intended to guide action within government and in communities across the province to improve health status. The mission of the health goals is "to maintain and improve the health of British Columbians by enhancing quality of life and minimizing inequalities in health status." Strategies taken to prevent the spread of HIV in British Columbia will be consistent with the provincial health goals.

British Columbia's Framework for Action on HIV/AIDS calls on the Ministry of Health to lead the Interministry Committee and address the determinants of health by coordinating HIV/AIDS-related activities throughout government and developing healthy public policy. These activities and policies are expected to:

- consider the full range of factors that influence health;
- consider the impact of public policies on the health status of the general population and groups that experience poorer health;
- include public, private and voluntary interests, with the direct involvement of those most affected by the health issue (such as clients and service providers); and
- focus on sustainable policies that balance economic, social, environmental and political agendas.

The work of the Interministry Committee on HIV/AIDS continues the province's efforts to achieve the objectives outlined in *British Columbia's Framework for Action on HIV/AIDS* and *The Red Road: Pathways to Wholeness*.

2.0 HIV/AIDS in British Columbia — an update

The prevalence of HIV has been concentrated among many of the most disadvantaged members of our society: gay men, injection drug users, Aboriginal people, women and men living in poverty and sex trade workers. From 1992 to 1996, British Columbia experienced a steep rise in the number of newly-diagnosed HIV infections, particularly among injection drug users living in Vancouver's Downtown Eastside.

However, in 1999, the number of newly-diagnosed HIV infections declined among some risk groups, including injection drug users. The extent to which the decline reflects the many interventions taken to address HIV/AIDS or simply the natural progression of an epidemic cannot be determined. The best strategies to control the spread of HIV and prevent future outbreaks remain: enhanced prevention strategies aimed at high risk communities, early testing, improved access to antiretroviral treatments for people living with HIV and AIDS and coordinated actions to address the determinants that place people at increased risk of HIV infection.

Tables 2.1 and 2.2 provide an overview of the number of newly-reported HIV infections in British Columbia, by risk category.

Table 2.1: Persons Testing Newly Positive by Risk Factor, 1995-1999—Males

Risk Factor	1995	1996	1997	1998	1999*
Men having sex with men (MSM)	183	159	146	116	95
Injection drug users (IDU)	196	240	168	125	93
Men having sex with men/injection drug users (MSM/IDU)	24	26	14	6	10
Heterosexual contact	44	45	51	50	57
Other	2	2	0	77	60
Total	**449**	**472**	**379**	**374**	**315**

Data provided by BC Centre for Disease Control and BC Centre for Excellence in HIV/AIDS.
* Gender data is unavailable for one respondent in 1999.

Table 2.2: Persons Testing Newly Positive by Risk Factor, 1995-1999—Females

Risk Factor	1995	1996	1997	1998	1999*
Injection drug users (IDU)	69	70	49	37	43
Sex trade worker/IDU	38	41	14	12	12
Heterosexual contact	21	39	25	37	31
Sex trade worker	0	1	0	1	2
Women having sex with women (WSW)	0	0	2	0	1
Women having sex with women/Injection drug users (IDU)	4	1	1	1	0
Unknown/other	18	14	12	7	22
Total	**150**	**166**	**103**	**95**	**111**

Data provided by BC Centre for Disease Control and BC Centre for Excellence in HIV/AIDS.
* Gender data is unavailable for one respondent in 1999.

The number of newly-reported HIV infections represents those people who have been tested in British Columbia and whose HIV-positive tests have been reported to the BC Centre for Disease Control (BCCDC). These data do not indicate the number of people actually living with HIV and AIDS in British Columbia. The number of HIV-positive people in British Columbia is estimated to be between 7,000 and 8,000.[1] Many of these people, including some of the most economically marginalized, are not enrolled in triple combination HIV treatment programs.

Deaths from AIDS and overdoses due to injection drug use rank among the leading causes of death among men and women aged 25 to 44 in British Columbia since 1985. They are among the top 12 leading causes of death among people of all ages in the province over this time. The number of people dying from AIDS-related causes has decreased dramatically since the introduction of protease inhibitors in 1996. However, despite advances in AIDS treatments, there remains no cure for AIDS.

2.1 Changing Nature of HIV/AIDS

Gay men still represent the largest number of people infected with HIV in British Columbia. However, recent trends in new HIV infections point to the changing nature of HIV/AIDS. Of the 427 newly-reported HIV infections in British Columbia in 1999:

- 37 per cent were among injection drug users (male and female);
- 25 per cent were among gay, bisexual and other men who have sex with men;
- 20 per cent represented heterosexual transmissions (male and female); and
- 17.5 per cent were either unknown or associated with other risks (male and female).

1 Based on a study conducted by the BC Centre for Disease Control and the Laboratory Centre for Disease Control, Health Canada, using HIV testing data in the province and the clinical registry.

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1 Based on a study conducted by the BC Centre for Disease Control and the Laboratory Centre for Disease Control, Health Canada, using HIV testing data in the province and the clinical registry.

2.2 HIV Infection in Women

HIV infection in women, as a percentage of those newly testing positive for HIV, has risen from about 11.2 per cent in 1992 to around 25 per cent in 1999. Of the 111 newly-reported HIV infections among women in British Columbia in 1999:

- approximately 49.5 per cent occurred as a result of injection drug use; and
- 29.7 per cent occurred as a result of heterosexual contact.

Women involved in the sex trade who also inject drugs are at particularly high risk of HIV infection. Between 1995 and 1999, 117 women in this risk category tested newly positive for HIV. This represents 18.7 per cent of the 625 new positive tests among women during this time.

According to year of diagnosis, between 1995 and 1999, 93 women were reported with a diagnosis of AIDS in British Columbia.

Aboriginal women constitute a disproportionately large number of women living with HIV and AIDS. Between 1995 and 1999, 30.7 per cent (192 of a total of 625) of women testing newly positive for HIV were Aboriginal. As the fertility rate for Aboriginal women is approximately six times higher than the provincial average, the risk of HIV infection increases for Aboriginal women, children and families. For the same time period, women who identify themselves as "white" represented 46.8 per cent (293 of 625) of new HIV infections, women of other ethnic origins represented 8.9 per cent (56 of 625) and women whose ethnic origin was "unknown" represented 14.7 per cent (92 of 625).

2.3 HIV Infection in Aboriginal People

Overall, Aboriginal people again represent a disproportionate number of people infected with HIV. About five per cent of British Columbians are Aboriginal, but Aboriginal people comprised approximately 18.7 per cent of those testing newly positive for HIV in 1999. In addition, while there has been an overall decrease in the age of people newly testing positive for HIV, there has been a significant increase in the number of new infections among Aboriginal people between the ages of 30 and 50. Evidence suggests about 30 per cent of those using the "fixed site" and "mobile" needle exchanges operated by the Downtown Eastside Youth Activities Society (DEYAS) in Vancouver are Aboriginal.

Providing accessible HIV/AIDS care, treatment and support services to prevent the spread of HIV and AIDS among Aboriginal people, both on and off reserves, requires addressing provincial and federal jurisdictional boundaries governing health services for Aboriginal people.

Around 70 per cent of Aboriginal people in British Columbia live off-reserve. The prevalence of HIV on reserves is unknown, however researchers fear on-reserve conditions may lead to a major epidemic.

2.4 HIV Infection in Youth

Youth under the age of 25 years, especially young gay men, is another group particularly vulnerable to HIV infection. Across Canada and in British Columbia, the median age of HIV infection has dropped from 32 in the early 1980s to about 23 in 1997/1998. Approximately 33 children in British Columbia have tested positive for HIV (generally through perinatal transmission). Treatments such as AZT have been shown to reduce the transmission of HIV from HIV-positive pregnant women to the foetus. However, the special needs of HIV-positive children or the children and families of HIV-positive parents requires further attention.

2.5 New AIDS Cases and AIDS-related Deaths

The number of new AIDS cases and AIDS-related deaths has declined across Canada and in British Columbia (see Tables 2.3 and 2.4). For example, in 1995 there were 252 newly-reported AIDS cases and 294 AIDS-related deaths in British Columbia. By 1999, these figures had fallen to 103 and 47 respectively. This decline reflects the impact of the new antiretroviral drug combinations, which are preventing the progression from HIV to AIDS and AIDS deaths for many people. However, these new drug regimens are complex and adherence is difficult, especially for people who lack adequate housing, food and other basic resources. Few HIV-positive injection drug users are presently taking drug therapies. Lack of access to these drugs for many marginalized people living with HIV and AIDS, the long-term effectiveness of the antiretrovirals and their negative side effects are a concern for policy makers and health care providers.

Table 2.3: Reported New AIDS Cases by Year of Diagnosis in British Columbia, 1993-1999

Reported Cases	1993	1994	1995	1996	1997	1998	1999
Males	280	276	232	143	112	114	84
Females	15	16	20	11	25	19	18
Unknown	0	0	0	0	1	0	1
Total	**295**	**292**	**252**	**154**	**138**	**133**	**103**

Table 2.4: Reported Deaths Due to AIDS and HIV Infection in British Columbia, 1993-1999

	1993	1994	1995	1996	1997	1998	1999
Reported Deaths	299	331	294	250	115	108	47

Note: 1999 data incomplete for this table

Data provided by BC Centre for Disease Control and BC Centre for Excellence in HIV/AIDS

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3.0 The Interministry Committee on HIV/AIDS

3.1 Purpose and Vision

The purpose of the Interministry Committee on HIV/AIDS is to create a governmental forum to address the personal, social and economic impacts of HIV/AIDS in British Columbia. The Interministry Committee is committed to working together to develop and coordinate government services and policies that will reduce the spread of HIV/AIDS and improve the quality of life for people living with HIV and AIDS and their caregivers.

3.2 Guiding Principles

The Interministry Committee on HIV/AIDS is guided by two key principles—population health and harm reduction.

Population Health

Health is influenced by many factors. The Federal/Provincial/Territorial Advisory Committee on Population Health defines population health as:

> *"the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations."*

Determinants of health are complex and act together to impact the health of individuals and communities. They are incorporated into the *Health Goals for British Columbia* (see Appendix C).

Population health is influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services.

British Columbia's success in reducing the number of new HIV infections and improving the health and well-being of those already infected with HIV depends on a variety of factors, including the availability of safe and secure housing, employment, adequate income support and access to health, social and addictions services. Respect for social diversity and equality is also important for HIV prevention.

Harm reduction is a public health approach that involves taking action to reduce the adverse effects of behaviour, without requiring people to abstain from the behaviour. A range of programs, services and interventions are provided that decrease HIV risk and substance misuse, increasing health and well-being. Harm reduction focuses on reducing their impact on individuals, communities, consumers and society.

Harm Reduction

Harm reduction is a public health approach that involves taking action to reduce the adverse effects of behaviour, without requiring people to abstain from the behaviour.[2] Examples of high risk behaviour include injection drug use and needle sharing. Effective harm reduction strategies will focus on minimizing the harm on individuals, communities, consumers and society as a whole.

Harm reduction acknowledges that, despite prevention strategies, some individuals will engage in high risk and substance misuse activities. Even if drugs are illegal, harmful and, through shared needle use, increase the risk of acquiring HIV or Hepatitis C, some individuals will continue to engage in injection drug use. To deal with this, harm reduction strategies must be comprehensive and well coordinated, providing a variety of health and social services. For injection drug users, needle exchange services and methadone maintenance programs represent limited harm reduction strategies. It is recommended that harm reduction interventions be combined with addiction treatment programs, accessible and effective health and social services, housing for addicts and recovering addicts and measures to counter illicit drug trade.

2 Definition taken from the BC Aboriginal HIV/AIDS Task Force report, *The Red Road: Pathways to Wholeness.*

3.0 The Interministry Committee on HIV/AIDS

3.1 Purpose and Vision

The purpose of the Interministry Committee on HIV/AIDS is to create a governmental forum to address the personal, social and economic impacts of HIV/AIDS in British Columbia. The Interministry Committee is committed to working together to develop and coordinate government services and policies that will reduce the spread of HIV/AIDS and improve the quality of life for people living with HIV and AIDS and their caregivers.

3.2 Guiding Principles

The Interministry Committee on HIV/AIDS is guided by two key principles—population health and harm reduction.

Population Health

Health is influenced by many factors. The Federal/Provincial/Territorial Advisory Committee on Population Health defines population health as:

> *"the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations."*

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3.3 Goals and Objectives

The Interministry Committee has established the following goals and objectives for action on HIV/AIDS:

Goals	Objectives
Improved information sharing between ministries and coordinated program and service delivery on HIV/AIDS-related issues	• Develop a description of all HIV/AIDS-related policies, programs and services across government (see Section 4.0). • Increase understanding of the HIV/AIDS-related policies, programs and services of all social policy ministries and how these are interrelated. • Base changes to policies, programs and services on current and relevant research and "best evidence" and best practices literature.
Improve the knowledge base of all members of the Interministry Committee to allow each member to become an expert or champion on HIV/AIDS issues within their respective ministry	• Increase the knowledge of all members through regular discussions and presentations. • Invite guest speakers to Interministry Committee meetings to present on emerging issues related to HIV/AIDS, particularly high priority issues identified in the committee's work plan. • Ensure committee members are apprised of ongoing, current HIV/AIDS research.
Collaborate to solve problems and gaps with cross-ministry impacts or implications	• Facilitate informed, healthy public policy decision making by discussing proposed changes to HIV/AIDS-related policies, programs and services among participants of the Interministry Committee *before* decisions are made. • Using the inventory of policies, programs and services, identify and prioritize problem areas and gaps requiring interministry action. • Address, from an interministry perspective, problem areas or gaps (up to three per year) to change or recommend changes to government policies and actions.
Be accountable	• Report regularly to the Minister of Health and each respective Minister on the Interministry Committee's accomplishments. • Meet regularly with the Minister's HIV/AIDS Advisory Committee co-chairs to discuss priorities that will inform the Interministry Committee's work plan. • Release regular reports on the work of the Interministry Committee.

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3.4 Future Directions

Responding to the HIV epidemic requires an ongoing commitment by government and individual ministries. The Interministry Committee on HIV/AIDS will be responsible for:

- analyzing emerging trends, issues and problems in HIV/AIDS;
- encouraging healthy public policy;
- responding to gaps and challenges in HIV/AIDS services; and
- coordinating HIV/AIDS policies and services across government.

The committee will focus on social determinants of health and harm reduction as agents for both changing the way care services are delivered and promoting healthy public policy.

The Interministry Committee on HIV/AIDS' activities will be outlined in its work plan. The Minister's HIV/AIDS Advisory Committee will inform the work plan of the Interministry Committee by identifying issues and priorities for provincial action.

To achieve the committee's objectives, four working groups will be established. The groups will review issues and develop recommendations on:

- corrections;
- women's health;
- benefits and services; and
- addictions.

One of the committee's objectives is to identify opportunities for coordination. This will be achieved through the formation of the four working groups, whose responsibility it will be to actively seek out potential areas for collaboration.

The working groups will be supported by the Ministry of Health's HIV/AIDS Division and will include representatives of appropriate provincial ministries. In recognition of the particular challenges Aboriginal communities face, the Ministry of Health's Aboriginal Health Division will establish a working group on Aboriginal issues. The division will work with community organizations and Aboriginal affairs and other government branches to coordinate Aboriginal HIV/AIDS policies and programs.

Implementing the priorities and actions of British Columbia's HIV/AIDS action plan requires an ongoing commitment by the ministries represented on the committee. The Interministry Committee on HIV/AIDS will advance its work by:

- meeting with representatives of the Minister's HIV/AIDS Advisory Committee to remain aware of emerging issues, priorities and advice on HIV/AIDS actions in British Columbia;
- seeking opportunities at the Ministry and committee levels to receive the input of people living with HIV/AIDS, their caregivers, health and social service providers, health authorities and others involved in the planning and delivery of HIV/AIDS services;

- sharing information, including that of other provinces, the federal government and international organizations;
- promoting public policies that reflect current thinking and strategies on HIV/AIDS;
- initiating working groups to develop and implement the work plan;
- bringing forward issues within each ministry represented on the committee for discussion and/or resolution;
- communicating with government and the HIV/AIDS community on the committee's priorities and actions through the work plan;
- presenting recommendations or highlighting issues to the Federal/Provincial/Territorial Committee on HIV/AIDS;
- reviewing the recommendations in *HIV, Hepatitis, and Injection Drug Use in British Columbia: Pay Now or Pay Later?*, a report of the former Provincial Health Officer on injection drug use. The committee will examine the report's implications for HIV/AIDS policy and advocate for the adoption of key recommendations by government;
- supporting the unique needs of Aboriginal people. The committee will review the recommendations of *The Red Road: Pathways to Wholeness* to ensure policy implications and jurisdictional boundaries between federal, provincial and regional services are addressed;
- reviewing the recommendations of the November 1999 Minister's HIV/AIDS Advisory Committee *Report to the Inter-ministerial Committee on HIV/AIDS*. Individual ministries will consider the report's recommendations and report back to the Interministry Committee on HIV/AIDS regarding their proposed actions; and
- reviewing existing policies and programs of ministries at the regional, provincial and federal level to improve policy and coordinate services. The committee will review present government policy and service delivery on these issues, identify opportunities for increased collaboration and make recommendations for change. Recognizing that an individual's health is influenced by social factors such as poverty, education, early childhood experiences, abuse, discrimination, social support and access to health services, a determinants of health approach will be used. Particular attention will be paid to services for people who misuse alcohol and drugs, income support, affordable housing and housing policy and community development opportunities.

3.5 Ensuring Accountability

The Interministry Committee on HIV/AIDS reports to the Minister of Health through the Assistant Deputy Minister, Regional Programs Policy and Strategic Initiatives. The Director, HIV/AIDS Division, is the official liaison between the committee and the Ministry of Health.

To ensure accountability to people living with HIV and AIDS and their care providers, the committee will report on its achievements on coordinating HIV/AIDS-related policies, programs and services when each work plan is issued. These reports will be presented to the respective ministers of all participating ministries, as well as members of the Minister's HIV/AIDS Advisory Committee.

3.6 Role of the Minister's HIV/AIDS Advisory Committee

The co-chairs of the Minister's HIV/AIDS Advisory Committee will meet with the Interministry Committee at least once a year to provide advice on the Interministry Committee's work plan. This advice will form the basis for the Interministry Committee on HIV/AIDS' priority actions.

4.0 HIV/AIDS-Related Policies and Programs - Current Situation

Strategies to prevent the spread of HIV, care for people living with HIV and AIDS and their caregivers and address the negative consequences of injection drug use require government ministries to collaborate on policy and service delivery. Provincial ministries must work together with the federal government to address HIV/AIDS issues and prevent the spread of other infectious diseases, such as syphilis and Hepatitis B and C.

Using the population health and harm reduction approaches as a policy guide, actions taken in British Columbia to prevent the spread of HIV and care for those affected will:

- address the determinants of health that increase risk of infection;
- incorporate a harm reduction model that maintains and enhances the continuum of HIV/AIDS-related services in the province; and
- address inequities that restrict individual and/or group access to health, social and other services.

The overview that follows highlights important HIV/AIDS-related policies and programs in British Columbia. Together, they provide a better understanding of existing HIV/AIDS-related efforts across government, describe each ministry's HIV/AIDS policies and programs and identify how these programs can be better coordinated. Policies and programs have been organized according to the four categories identified in *British Columbia's Framework for Action on HIV/AIDS:* prevention and education; care, treatment and support; research and training; and leadership/coordination of efforts. Contact information for the ministries can be found in Appendix D.

4.1 Prevention and Education

Ministry of Advanced Education, Training and Technology (Post Secondary Education)

- The Ministry supports the inclusion of current HIV/AIDS content in health and human services programs curricula through the provision of curriculum funding.

Ministry of Attorney General

- Corrections Branch offers voluntary confidential and anonymous testing for HIV, Hepatitis A, B and C and all sexually transmitted diseases. Pre- and post-test HIV/AIDS counselling is offered upon admission and during incarceration to inmates in all provincial correctional facilities.

- Corrections Branch developed education programs on basic health, disease transmission and prevention. One such program, *Choosing Health in Prison* (CHIP), offers information in picture and cartoon form on HIV/AIDS, harm reduction, drug use, tuberculosis, other sexually transmitted diseases, hepatitis, nutrition and stress reduction.
- Corrections Branch follows the BC Centre for Disease Control (BCCDC) guidelines for post-exposure prophylaxis and follow-up. Harm reduction efforts include the provision of bleach, condoms and methadone to inmates.

Ministry for Children and Families

- The Ministry funds alcohol and drug treatment and prevention services for adults, youth and families.
- The Addictions Services Branch uses a harm reduction model to offer services for people who misuse alcohol and other drugs. Addictions Services has a policy of non-discrimination and universal precautions are a standard for all alcohol and drug residential services.
- Addictions Services provides prevention and harm reduction services for youth such as: school-based prevention programs, outreach services, withdrawal management, outpatient counselling and intensive day and residential treatment services.
- The Ministry offers assistance to youth to develop safer, healthier lifestyles and to remain or, where appropriate, become re-established with their families. For example: Reconnect Programs (street outreach/support), parent-teen conflict mediation services and some safe housing for street youth in Vancouver (Vancouver Action Plan).
- The Ministry provides funding to gay/lesbian/bisexual youth support groups and a toll-free information line on issues related to sex and sexuality, including sexual orientation and safer sex.
- New initiatives include additional street outreach/support workers, safe-housing beds for sexually-exploited youth wanting to leave the sex trade and a rent subsidy program to help youth find affordable accommodation in high rent regions.
- The Ministry provides parent supports and services for children and families such as: *Baby's Best Chance*, prenatal classes, child care, school-based young parent programs, infant development programs, family support workers, respite and post adoption assistance.

Ministry of Education

- School boards are responsible for developing their own policies and procedures in collaboration with community health care professionals for conditions such as HIV/AIDS.
- The Ministry provides curricula to school boards, who are then responsible for delivering educational programs to meet curricula learning outcomes. Information related to sexually transmitted diseases, including HIV/AIDS, is provided in grade 6, as part of the kindergarten to grade 12 Personal Planning curriculum. The curricula were revised between 1995 and 1997.

British Columbia has an extensive network of community-based HIV/AIDS organizations and needle exchanges developed by and for people living with HIV and AIDS. Community organizations offer support, prevention, education and care services to people infected with HIV, people at high risk of infection and people living with AIDS. Needle exchanges provide cleaning supplies and new needles to injection drug users. Community services may be funded through contracts with the Ministry of Health or other ministries and/or fund raising activities.

Ministry of Health

- HIV/AIDS Division provides over $10.5 million in annual funding to a network of community-based HIV/AIDS organizations, including 15 needle exchanges located across the province. Community organizations offer HIV/AIDS prevention, education and harm reduction strategies. Targeted programs are available for youth and other vulnerable populations.
- The BCCDC offers prevention/transmission and medical information about HIV/AIDS.
- Aboriginal Health Division provides about $1.2 million to Aboriginal HIV/AIDS programs and supports the work of the Red Road HIV/AIDS Network Society (formerly the BC Aboriginal HIV/AIDS Task Force).
- The Provincial Health Officer (PHO) advises the Minister and the public on actions needed to improve the health of British Columbians. The PHO was responsible for the development of the *Health Goals for British Columbia*.
- Methadone maintenance treatment is now available throughout the province. Community physicians and pharmacists throughout British Columbia have been encouraged to obtain authorization to prescribe and dispense methadone to injection drug users who might benefit from the treatment.

Ministry of Social Development and Economic Security (including BC Housing)

- The Ministry funds community-based organizations and advocacy groups which provide a voice to people in need, including people living with HIV/AIDS.
- The Ministry provides an appeal system to ensure fair decision making and review of any decision where a benefit has been reduced, denied or discontinued.
- The Ministry works in partnership with the Ministry for Children and Families (MCF) by providing the per diem fees for participants in MCF-funded alcohol and drug facilities.
- A maximum of $500 per year for methadone counselling and treatment is available to those who live in regions where such treatment facilities exist.

Ministry of Women's Equality

- Although the Ministry does not provide any services directly related to AIDS prevention or education, ministry initiatives include the "safer future for women" initiative and services and advocacy to end emotional, physical and sexual violence against women (shown to be key determinants of risk for HIV infection for women).

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Federal Government

- The federal government supports national programs such as the National AIDS Clearinghouse, HIV/AIDS education for on-reserve First Nations, public awareness and professional education and prevention initiatives.
- Federal efforts are centred within Health Canada through the *Canadian Strategy on HIV/AIDS*. Other program areas and departments that have a role include Canada's Drug Strategy and the Correctional Service of Canada.
- At the regional level, the AIDS Community Action Program (ACAP) provides community-based AIDS services to British Columbia communities, including funding for Aboriginal off-reserve community-based activities. On-reserve activities are funded through the Medical Services Branch (MSB), Health Canada.
- ACAP and MSB provide funding to the Red Road HIV/AIDS Network Society, which provides a model for cooperative federal/provincial funding initiatives.
- Funded community programs include: HIV education and prevention programs in northern British Columbia, peer-based education for rural youth, volunteer programs and membership capacity building in Aboriginal AIDS service organizations.
- The Council of Ministers of Education, Canada, recently released the report *Schools, Public Health, Sexuality and HIV: A Status Report*. The report, funded by Health Canada, examines the status of HIV/AIDS prevention and sexual health promotion programs in Canadian schools.

4.2 Care, Treatment and Support

Ministry of Attorney General

- Corrections Branch offers inmates access to community AIDS organizations, including the British Columbia Persons with AIDS Society's health fund, and specialized care and counselling.
- Inmates and staff run HIV/AIDS group support and individual counselling is available through referral to health care professionals.
- A non-segregation policy is followed for people living with HIV/AIDS.
- The BC Centre for Excellence in HIV/AIDS administers access to antiretroviral therapies for inmates.
- Corrections Branch has developed an offender-oriented addiction program. The Substance Abuse Management (SAM) program is a comprehensive, group-based, intensive information and treatment program aimed at reducing recidivism, changing addictive behaviour patterns and limiting the harms resulting from drug and alcohol abuse.
- The Ministry provides access to social services personnel for the purpose of coordinating pre-release planning for inmates eligible for BC Benefits.

Ministry for Children and Families

- The Ministry provides substance misuse programs and services for adults and youth. Services range from prevention to clinical services and are delivered through government and non-government organizations. All services are available to Aboriginal people. Both adult and youth addictions programs are funded through the Ministry's overall alcohol and drug services budget ($45.7 million in 1998/1999).
- The Ministry participates on the national methadone advisory committee and provincial methadone advisory committee.

Ministry of Education

- The Ministry distributed to all school boards the resource *Awareness of Chronic Health Conditions,* Volume 2. This resource includes a chapter on students living with HIV/AIDS. This material is intended to raise teachers' awareness and understanding of the needs of diagnosed students and suggests strategies for supporting them.
- The Ministry provides funding to school boards for counselling services for students. School counsellors provide individual and group counselling for students experiencing personal problems and special challenges, including those living with HIV/AIDS themselves or with HIV-positive family members.
- The Ministry provides supplementary funding to school boards for students who are ill and in hospital/at home to receive home instruction from hospital/homebound teachers. The teachers maintain contact between the students and schools so the students can return when/if they are able. The arrangements are determined by the local board in consultation with families and students living with HIV/AIDS.
- The Ministry contributes supplementary funding to boards to support students diagnosed with a physical disability or chronic health impairment. Based on the criteria set by the Ministry, boards could receive an additional $12,000 per student for each child with a chronic health condition, which may include HIV/AIDS.
- The Ministry provides Provincial Resource Programs (PRPs) at no direct costs to boards. Some children living with HIV/AIDS receive services through PRPs. Examples of PRPs include:
  - The British Columbia Children's Hospital School Program (BCCH) serves 1,000 students annually admitted as inpatients from any school board in British Columbia. BCCH provides support during their stay by following the home school education program in an attempt to help students continue with their regular class peers. Some inpatients may be living with HIV/AIDS;
  - The Vancouver General Hospital (VGH) School Program serves over 400 students annually, including those living with HIV/AIDS; and
  - The Canuck Place School Program provides support to children with progressive life-threatening illnesses and those at the end stages of life, plus their siblings.

Ministry of Health

- The HIV/AIDS Division and Aboriginal Health Division fund community-based HIV/AIDS service organizations and needle exchange programs to provide care, treatment, support, outreach and advocacy services. These services assist people living with HIV/AIDS, their care providers and vulnerable populations. Examples of initiatives include peer-driven services and services for ethno-cultural communities, disabled and Aboriginal people.
- The BCCDC monitors HIV/AIDS incidence and prevalence, provides advice to the Ministry of Health and operates a clinic in Vancouver to treat sexually transmitted diseases. It also manages a street outreach nurse program in Vancouver.
- Pharmacare provides unrestricted access to HIV/AIDS antiretroviral therapy to all British Columbians at a cost approaching $30 million annually.
- The antiretroviral program, administered by the BC Centre for Excellence in HIV/AIDS at St. Paul's Hospital in Vancouver, serves approximately 3,000 participants. The centre is working with the Vancouver/Richmond Health Board to improve access to antiretrovirals for injection drug users in Vancouver's Downtown Eastside.
- The Medical Services Plan covers the cost of all physician care and specialized health care services for people living with HIV/AIDS.
- Through grants to health authorities, the Ministry provides acute (hospital) care and continuing care (long-term care facilities, hospices and in the community), along with public health nursing services (cost-shared with the Ministry for Children and Families). These services are available to all people living with HIV and AIDS who meet British Columbia residency eligibility criteria.
- The Ministry of Health is in the process of transferring responsibility for community-based HIV/AIDS services to health authorities. The HIV/AIDS Division is currently reviewing three-year HIV/AIDS health service plans developed by health authorities in consultation with people living with HIV/AIDS, their families, advocates, health care and service providers. These plans will provide a range of prevention, education, care, treatment and support services for people living with HIV/AIDS.

Ministry of Social Development and Economic Security (including BC Housing)

BC Benefits

- The Ministry provides a Disability Allowance to "persons with disabilities" under the *Disability Benefits Program Act* and Regulations. This includes people with HIV/AIDS. Disability benefits provide additional monthly funds (higher than regular assistance) intended to cover extra costs associated with the disability. The disability designation provides an exemption on trust funds that can provide people living with HIV/AIDS an alternative source of funding for disability-related costs while they remain on BC Benefits assistance.

- The Ministry exempts individual payments to people infected by HIV when: (1) payments are granted by the Government of Canada under the Extraordinary Assistance Plan to a person infected by the acquired HIV; and (2) payments are granted by the Government of British Columbia to a person infected with HIV.
- Two policy/regulation changes were recently made that affect BC Benefits recipients living with HIV/AIDS:
  1) Identification policy was expanded to assist those being released from correctional facilities. By doing so, care and support are provided with the least possible delay;
  2) Existing and former BC Benefits participants are being compensated for income tax liability incurred on Canada Pension Plan (CPP) income where the tax liability causes them to fall below BC Benefits standards.

BC Housing

- BC Housing, in partnership with the City of Vancouver and the Vancouver/Richmond Health Board, purchased two single room occupancy hotels (SROs) in Vancouver's Downtown Eastside. These hotels will be upgraded and managed by non-profit societies. Tenants will include people living with HIV and AIDS.
- The homeless/at risk component of the provincial HOMES BC program funds non-profit sponsor groups to provide housing targeted to street-involved people who are homeless or at risk of homelessness. They include individuals with a mental illness, alcohol or drug dependency or other special needs. Other target groups include street youth, young single mothers and women, with or without children, who are at risk of violence. Some of these tenants are also living with HIV/AIDS.
- Through HOMES BC, BC Housing provided $4.1 million to purchase the Bonaventure Apartments, an existing 30-unit apartment building located across the street from St. Paul's Hospital in Vancouver. The building is managed by the Wings Housing Society and houses people living with HIV/AIDS. Tenants moved into the apartments in 1999.
- Helmken House is a 32-unit development located in Vancouver's West End that provides rental housing for people living with HIV/AIDS on a rent geared to income basis. The development is sponsored by the McLaren Housing Society and was built under the former federal/provincial housing program. In 1996/1997, the province contributed $102,000 toward Helmken House's operations.
- BC Housing provides rent supplements to people living with HIV/AIDS that lower the cost of private rental market housing to no more than 30 per cent of gross household income. Since 1990, 147 supplements have been allocated and in 1996/1997, the province spent approximately $247,954 on supplements. The supplements are administered by the Wings Housing Society, Healing Our Spirit First Nations HIV/AIDS Society, Vancouver Native Health Society and McLaren Housing Society.
- BC Housing spent $1.22 million for a capital grant and $292,800 in annual subsidies for the 86-unit Portland Hotel Replacement Project in Vancouver's Downtown Eastside. A significant number of tenants are people living with HIV/AIDS.

- BC Housing works with non-profit sponsor groups to develop affordable rental housing targeted to lower-income urban single residents currently living in SRO hotels or rooming houses. Three proposed projects will provide over 250 units. The Affordable Housing Non-Profit Rental Society plans to target people living with HIV/AIDS for some of the units. Capital costs for these initiatives are about $19 million.
- People living with HIV/AIDS may apply for BC Housing's directly managed social housing units. Women and men living with HIV/AIDS who have children can apply for family social housing.
- BC Housing funds a Central Housing Registry committee, whose aim is to develop a centralized housing waiting list. The committee includes a representative group of Lower Mainland non-profit and co-operative housing societies. This initiative helps people living with HIV and AIDS to locate non-market housing.

Ministry of Women's Equality

- The Ministry provides operational funding for sexual assault centres. Sexual assault/woman assault centres offer survivors community-based crisis intervention, counselling, support and information on services that may be of assistance and advocacy to help survivors get the services they need. Information regarding where to seek HIV/AIDS testing would be provided to clients as part of a sexual assault centre's services.

Federal Government

- The federal government funds national programs such as: the National HIV/AIDS Treatment Information Network, the National Native Alcohol and Drug Abuse Program and health benefits for on-reserve and status Indians. Related issues, like income support and housing, are addressed by a number of federal departments.
- At the regional level, community-based activities are funded through the AIDS Community Action Program. Volunteer programs, individual advocacy and a program for women are examples of care, treatment and support initiatives.

4.3 Research and Training

Ministry of Attorney General

- Corrections Branch has undertaken HIV-prevalence monitoring in its facilities.
- Correctional and health care staff are given education and training on HIV/AIDS by a variety of professional and community-based providers.

Ministry for Children and Families

- Training in HIV/AIDS education/prevention, harm reduction and treatment programs are provided to ministry health and social service professionals. Addiction services and youth services staff particularly benefit from these programs.

Ministry of Education

- The Ministry does not provide training directly to school staff who work with students living with HIV/AIDS. However, training is provided through protocol agreements between the Ministries of Education, Health and Children and Families to teaching assistants who provide in-school support for students with special needs.

Ministry of Health

- The Ministry of Health funds the BC Centre for Excellence in HIV/AIDS and the BCCDC, who receive research funds from many sources, to support HIV/AIDS research and epidemiological monitoring. Both organizations provide doctors, nurses and other health care professionals with training in HIV/AIDS care. Training on HIV/AIDS care is also provided through community-based services funded by the Ministry.
- The HIV/AIDS Division provides funding for provincial conferences and meetings.
- The Aboriginal Health Division provides funding for Aboriginal HIV/AIDS conferences coordinated by Healing Our Spirit BC First Nations AIDS Society.

Ministry of Social Development and Economic Security (including BC Housing)

- Discrimination prevention training is mandatory for all employees and the Ministry is training its own employees to deliver this training throughout the province.
- The Ministry provides workshops on disability issues to its line staff to promote awareness of how employees and program participants are impacted by both physical and mental disabilities. All staff throughout the province who provide services to people with disabilities have received the "Discover Workability" workshop organized by the Office for Disability Issues.
- The BC Persons with AIDS Society has provided in-house workshops for ministry field staff to foster their understanding about the needs of people living with HIV/AIDS.
- To ensure that policy development and decision making which impacts people living with HIV/AIDS is evidence based, senior ministry staff have attended annual HIV/AIDS conferences organized by the BC Centre for Excellence in HIV/AIDS.

Federal Government

- The federal government funds the Canadian HIV Clinical Trials Network, is engaged in national "surveillance" of HIV/AIDS and supports HIV/AIDS research activities that contribute to knowledge about the disease.
- National research funding programs include the Medical Research Council and the National Health Research and Development Program.

4.4 Leadership/Coordination of Efforts

Ministry of Attorney General

- The Ministry is working with other ministries, the federal government and municipal agencies to establish a drug court pilot in Vancouver. The pilot will address offender's addiction needs, as well as health (especially HIV/AIDS) and housing concerns.
- The Ministry has implemented harm reduction measures, processes for proactive addiction treatment, mentally disordered offender treatment and programs aimed at reducing criminal recidivism and their links with HIV/AIDS.
- The Ministry has reformed legislation that discriminates against gay and lesbian people, relationships and families, reducing stigma and prejudice for populations vulnerable to HIV infection, especially young gay men.
- The Ministry's hate crimes team has worked to reduce stigma and address violence against minority groups, including those based on gender, ethnicity and sexual orientation.

Ministry of Education

- Ministry staff participate in a number of cross-ministry initiatives, committees and/or working groups, including HIV/AIDS prevention education, harm reduction and the review of *Inter-ministerial Protocols for the Provision of Support Services to Schools (1989).*

Ministry of Health

- Under *British Columbia's Framework for Action on HIV/AIDS*, the Ministry is taking a lead role in promoting healthy public policy within government. The Ministry supports the work of both the Interministry Committee on HIV/AIDS and the Minister's HIV/AIDS Advisory Committee.
- The Ministry participates on related federal/provincial/territorial advisory committees, including the population health advisory committee, the injection drug use advisory committee and the Minister's HIV/AIDS Advisory Committee.
- The HIV/AIDS Division is responsible for coordinating the implementation of *British Columbia's Framework for Action on HIV/AIDS, The Red Road: Pathways to Wholeness* and the *Canadian Strategy on HIV/AIDS*. At the same time, the division has a responsibility to consider how the policies and programs of other ministries impact on HIV/AIDS and affect the health and well-being of people living with HIV and AIDS and their caregivers.

Ministry of Social Development and Economic Security

- The Ministry established a multi-disciplinary Advisory Group on HIV/AIDS to develop and propose recommendations on how to meet additional health needs of BC Benefits participants living with HIV/AIDS. In addition to government representatives from Ministry of Social Development and Economic Security and the Ministry of Health, this advisory group included community representatives of people living with HIV/AIDS, medical experts and other health professionals.

Federal Government

- National leadership occurs under the Canadian Strategy on HIV/AIDS, with annual funding of $42.2 million. The strategy focuses on enhanced sustainability and integration, increased attention to those most at risk and public accountability. Examples of how the *Canadian Strategy on HIV/AIDS* complements efforts at the provincial level include: coordinating the Federal/Provincial/Territorial Advisory Committee on HIV/AIDS; addressing legal, ethical and human rights issues associated with HIV/AIDS; linking across issues to promote a population health approach; and facilitating linkages with international developments.
- The federal government can also play a role at the regional level by providing consultation advice as requested.

5.0 HIV/AIDS-Related Policies and Programs - Future Direction

Each ministry on the committee will identify to the Interministry Committee activities they will undertake to improve policies and services for people living with HIV/AIDS and their families. Progress on these activities will be reported to the committee through the interministry work groups.

The Ministry of Health will participate in and support the activities of all of the other ministries and the Interministry Committee on HIV/AIDS.

The following four sections represent new programs that will begin to address service gaps within the ministries' programs. It is anticipated that further analysis and consultation will result in a more comprehensive review of the outstanding service needs.

5.1 Prevention and Education

Committee members will work to reduce the number of new infections and reduce the spread of HIV. The ministries will undertake the following initiatives:

Ministry for Children and Families, Policy Division

Title: Outreach/Support Workers

Contact: Manager, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Others Involved: Prevention Services Consultant, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Timeline: Current to April 2003

Objective: To protect at-risk street, sexually exploited and alcohol and drug addicted youth by:

- providing skilled intervention and transitional support services to those youth wishing to exit the street for a healthier and safer lifestyle.

These positions are intended to work in tandem with the rent subsidy, safe housing and youth alcohol and drug initiatives. This program provides additional support and street outreach workers for youths and will build on the existing Reconnect Program. Outreach staff will also incorporate best practices and provide skilled intervention to high risk youth in the area of prevention and education of HIV infection.

Ministry for Children and Families, Policy Division

Title: Rent Subsidy Programs for Youth

Contact: Manager, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Others Involved: Youth Benefits Services, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Timeline: Project has not yet been finalized

Objective: To enable youth to live independently with the assistance of outreach support services by:

- providing supported housing.

Youth, including high risk and those living with HIV/AIDS, will be housed in private rental units and receive a rent subsidy that enables them to pay the market rent charged by the landlord, up to Canada Mortgage and Housing Corporation (CMHC) survey limits. BC Housing can administer the rent subsidy payments on behalf of the Ministry for Children and Families, while non-profit societies would be responsible for finding the housing and ensuring appropriate support services are available to the youth.

Ministry for Children and Families, Policy Division

Title: Safe Housing for Sexually Exploited Youth

Contact: Manager, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Others Involved: Youth Services Consultant, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Timeline: Current to April 2003

Objective: To protect sexually exploited youth by:

- providing safe accommodation for sexually exploited youth when they are ready to leave the street.

New Safe Houses have been established recently in Prince George, Victoria, Burnaby/New Westminster and Kelowna. Ministry workers who supervise the Safe Houses incorporate best practices and provide skilled intervention to clients that support the prevention and education of HIV infection.

Ministry for Children and Families, Policy Division

Title: Strategic Plan for Aboriginal Services

Contact: Mandate Development Manager, Aboriginal Relations Branch, Policy Division, Ministry for Children and Families

Others Involved: Aboriginal communities; Aboriginal Peoples Council; Metis Commission for Children and Family Services; The First Nations Summit; Union of BC Indian Chiefs

Timeline: Current to April 2003

Objective: To work towards eliminating disease among Aboriginal people and communities by:

- developing the Strategic Plan for Aboriginal Services.

The plan consists of four goals:

- strengthening the capacity of Aboriginal people to take on planning and delivery of their own services;
- ensuring the Ministry develops more culturally appropriate services to meet the needs of Aboriginal children and families;
- recognizing and reconciling the gaps that occur between what the province and First Nations see as the federal government's obligation for the costs of services to First Nations' people and the province's constitutional responsibility to ensure equitable access to services by all people; and
- advocating on behalf of Aboriginal communities to support economic strategies that affect underlying poverty issues.

The plan will address issues around Aboriginal youth and HIV/AIDS.

Ministry for Children and Families, Policy Division

Title: The Creation of Youth Agreements

Contact: Manager, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Others Involved: Youth Benefits Services, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Timeline: December 1999 to April 2003

Objective: To improve youth services for high risk youth in BC by:

- using the newly developed Youth Agreements contained in Section 12.2 of the *Child, Family and Community Service Act* to assist youth in making the transition to adulthood, family, work and independence through a "Plan for Independence".

The Youth Agreement is between the director and a youth when the youth cannot, in the director's opinion, be re-established in their family of origin. This initiative is directed at youth between 16 and 19 years of age including those who have the capacity to live independently, cannot return home and are at high risk from HIV/AIDS. The health needs component of the "Plan for Independence" will identify potential risks concerning HIV infection.

Ministry for Children and Families, Policy Division

Title: Youth Alcohol and Drug Services

Contact: Manager, Addiction Services Section, Policy Division, Ministry for Children and Families

Others Involved: Manager, Youth Addictions, Addiction Services Section, Policy Division, Ministry for Children and Families

Timeline: September 1999 to April 2003

Objective: To develop an approach to addictions treatment specifically tailored to youth by:

- identifying the unique needs of the individual youth and matching their need(s) with an appropriate service;
- developing and distributing a Youth Alcohol and Drug Clinical Services Manual and a Youth Day/Evening/Weekend Treatment Manual; and
- developing and implementing a competencies curriculum for youth alcohol and drug workers.

The manuals and curriculum guide are currently in draft form and are under review. Pilot training events for youth drug and alcohol workers have been scheduled for February and March. These programs will also aid those youth at risk of HIV infection and those living with HIV/AIDS. A total of 74 new beds have opened in detox centres and treatment facilities and six new day treatment programs have been established in six communities in British Columbia. The initiative has also seen the addition of eight new counselling positions in British Columbia communities.

Ministry for Children and Families, Policy Division, and Ministry of Health

Title: Rent Supplements for Youth with Serious Mental Health Disturbances: Demonstration Project

Contact: Manager, Mental Health and Youth Policy Section, Youth and Adult Services Branch, Policy Division, Ministry for Children and Families

Others Involved: BC Housing; Ministry of Social Development and Economic Security

Timeline: April 2000 to April 2001

Objective: To provide improved access to independent housing and support for 20 youth with mental illness by:

- funding a Youth Rent Supplement initiative; and
- providing case management and clinical support for the youth involved.

Target youth are those who will transition to adult mental health services based on a clearly defined diagnosis or those exhibiting behaviours indicating early signs of mental illness. This will include those at high risk or living with HIV/AIDS.

Ministry of Health, Aboriginal Health Division

Title: Mental Health Services for Aboriginal People with HIV/AIDS

Contact: Provincial Coordinator, Mental Health Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Aboriginal community members; Aboriginal service and advocacy organizations; health authorities; Ministry for Children and Families [Addictions Services]; Ministry of Health [HIV/AIDS Division, Adult Mental Health Division].

Timeline: Ongoing through 2001

Objective: To address HIV/AIDS-related mental health issues for Aboriginal people by:

- identifying HIV/AIDS-related mental health policy and service issues in the provincial Aboriginal mental health plan.

The Aboriginal Health Division will reference policy and service issues for Aboriginal people coping with mental health concerns and HIV/AIDS in the development of its Aboriginal mental health plan. The plan will assist the division in supporting health authorities and contracted agencies to plan and deliver services for this client group.

Ministry of Health, Aboriginal Health Division

Title: Prevention Services for Aboriginal People

Contact: Provincial Coordinator, HIV/AIDS Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Aboriginal community members; Aboriginal service and advocacy organizations; health authorities; Ministry of Health [HIV/AIDS Division]; Interministry Committee on HIV/AIDS

Timeline: Ongoing through 2002

Objective: To support prevention activities targeted to the underlying causes of high risk behaviour for HIV by:

- identifying and working with Aboriginal community agencies to link HIV education and prevention activities to other related health and social service agencies; and
- improving intergovernmental planning and coordination of HIV policy and service development relevant to Aboriginal people.

The Aboriginal Health Division has accepted the recommendations and goals outlined in the community-based Aboriginal Strategy for HIV and AIDS in British Columbia, *The Red Road: Pathways to Wholeness*. The division will work with the community and other divisions and levels of government to support their prevention activities through implementation of *The Red Road: Pathways to Wholeness* recommendations.

Ministry of Health, Adult Mental Health Division

Title: HIV/AIDS Prevention and Education for People with Mental Illness

Contact: Director, Adult Mental Health Division

Others Involved: Ministry of Health [Acute and Continuing Care, HIV/AIDS and Aboriginal Health Divisions]; health and social service providers; health authorities; mental health service and advocacy organizations; Ministry for Children and Families; police/RCMP and justice system

Timeline: 2000 to 2002

Objective: To reduce the incidence of HIV/AIDS in people with mental illness by:

- supporting health authorities and health care providers in providing HIV/AIDS education and prevention programs that address risk assessment of HIV/AIDS, including suicide, among people with mental illness;

- considering the needs of children with parents with mental illness and HIV/AIDS; and
- participating in a substance misuse pilot project for people with mental illness that considers HIV/AIDS risk.

The Adult Mental Health Division will identify factors that place people with mental illness at risk of HIV/AIDS. Health authorities will be provided with information to educate health care and other service providers and to support HIV/AIDS prevention and education programs for people with mental illness. The Adult Mental Health Division will fund a pilot project on the treatment of people with dual mental illness and substance misuse diagnosis.

Ministry of Health, HIV/AIDS Division

Title: Culturally Diverse Women

Contact: Director, HIV/AIDS Division

Others Involved: Ministry of Women's Equality; community organizations; Ministry of Health [Aboriginal Health Division, Women's Health Bureau]

Timeline: April 1, 2000 through March 31, 2002

Objective: To gather information regarding issues specific to women from diverse cultural backgrounds (including Aboriginal women) by:

- consulting with culturally diverse HIV/AIDS organizations regarding women's issues in the context of HIV/AIDS.

This program is intended to identify information needs and access issues for women living with HIV/AIDS and HIV/AIDS workers from diverse cultural backgrounds.

Ministry of Health, HIV/AIDS Division

Title: Female Condom

Contact: Director, HIV/AIDS Division

Others Involved: BCCDC; community organizations; Ministry of Social Development and Economic Security; Ministry of Women's Equality; Ministry of Health [Women's Health Bureau]

Timeline: April 2000 through March 31, 2001

Objective: To increase access to female condoms through:

- the purchase and distribution of female condoms; and
- providing clear information on its use.

The program is directed toward HIV-positive women, AIDS organizations and women's groups. It is intended that distribution of condoms and leaflet information will be conducted through needle exchange sites and health units in every region of the province. Frontline workers at these institutions will be surveyed to determine the effectiveness of the program.

Ministry of Health, HIV/AIDS Division

Title: Needle Exchange Policy

Contact: Director, HIV/AIDS Division

Others Involved: BCCDC; Clinical Support Unit; Hep C Strategy participants; Minister's HIV/AIDS Advisory Committee

Timeline: 2000 to 2001

Objective: To ensure needle exchanges in British Columbia reflect current best practices and are more accessible by:

- reviewing and rewriting the current needle exchange policy;
- engaging in multi-stakeholder consultation for the purpose of preparing a report on a new British Columbia needle exchange policy; and
- devolving the central purchase of needle exchange supplies.

The Ministry of Health's current needle exchange policy will be reviewed to reflect current best practices and rewritten to improve accessibility, particularly in rural and remote communities where services may be unavailable or located at long distances from communities.

Ministry of Social Development and Economic Security, Social Policy Branch

Title: Infant Formula

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: Community groups; Ministry of Social Development and Economic Security [Health Services Branch]

Timeline: February 2000

Objective: To eliminate the risk of vertical HIV transmission from mother to child by:

- providing breast milk alternatives to women with HIV/AIDS. In addition, to provide breast milk alternatives to women who are receiving methadone treatments in order to eliminate the possibility that an infant receives methadone through breast milk.

This program is directed toward BC Benefits recipients with HIV/AIDS and women receiving methadone treatments who have a child up to 12 months old.

Ministry of Social Development and Economic Security, Social Policy Branch

Title: Prophylactics (Condoms)

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: Community groups; Ministry of Social Development and Economic Security [Health Services Branch, Communications Branch]

Timeline: February 2000

Objective: To contribute to a harm reduction strategy by:

- providing condoms to BC Benefits recipients for the purpose of disease prevention, as well as contraception.

As part of this initiative, communication materials will be updated to include condoms as medical supplies funded by Ministry of Social Development and Economic Security. It is intended that the dissemination of condoms to BC Benefits recipients will lead to a decreased incidence of HIV transmission.

Ministry of Social Development and Economic Security

Title: Review of cheque delivery system (i.e., "Welfare Wednesday")

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: Ministry of Social Development and Economic Security [Information Technology Branch]

Timeline: 2003

Objective: To reduce risk behaviours associated with "Welfare Wednesdays" for vulnerable populations by:

- identifying feasible alternatives to the current cheque delivery system, such as the issuing of welfare cheques throughout the month rather than on the same day for all program participants.

This represents a significant challenge for the Ministry to upgrade its information technology, which is the necessary foundation for such a change, and will be dependent on available government resources.

Ministry of Women's Equality, Policy and Planning Branch

Title: Access to HIV/AIDS Information for Women

Contact: Senior Policy Analyst, Ministry of Women's Equality

Others Involved: Community organizations; Ministry of Health [HIV/AIDS Division, Women's Health Bureau]

Timeline: April 2000 through March 31, 2001

Objective: To increase access to information on a variety of subjects regarding HIV/AIDS to women by:

- distributing HIV/AIDS information to all transition house programs, women's centres, women's counselling programs and sexual assault/women assault centres in the province.

Feedback regarding usefulness of the information will be sought from each of the organizations.

5.2 Care, Treatment and Support

Committee members will work to provide people living with HIV and AIDS with the best possible care, treatment and support services. The ministries will undertake the following initiatives:

Ministry of Education, Special Programs Branch

Title: Provision of Appropriate Educational Environments for Students Living with HIV/AIDS and Awareness and Prevention Education as It Impacts Population Health

Contact: Coordinator, Diversity Unit, Special Programs Branch, Ministry of Education; Coordinator, Special Education Unit, Special Programs Branch, Ministry of Education

Others Involved: All other ministry branches for planning, implementing and monitoring; other ministries for development of prevention resources; school districts for policy review and curriculum delivery

Timeline: February 2000 through March 2003

Objective: To promote understanding within the Ministry and the education system of the links between education and population health and to increase awareness in school communities of the need for proactive initiatives for the prevention of HIV/AIDS by:

- reviewing the *Health Goals for British Columbia (1997)* and the companion report, *Towards a Healthy Future: Second Report on the Health of Canadians (1999)*, to determine the implications, including possible responses, initiatives and actions for the Ministry and the British Columbia school system;
- forming an intraministerial working group to consider and report on the implications of the goals noted in the aforementioned reports and those initiatives which help identify broad comprehensive actions at a provincial level that can be taken to further improve the health of British Columbia's school children. The latter will include issues and challenges such as harm reduction, Fetal Alcohol Syndrome, population health, heart health and child poverty;
- reviewing and revising, as needed, learning outcomes in the Personal Planning curriculum which relate to healthy living, including but not limited to HIV/AIDS;
- promoting awareness of government publications and resources related to HIV/AIDS, that are appropriate for students, through Ministry of Education publications, such as *BC Education News, Better Learning*, and the Ministry website; and
- providing school districts with a policy framework and guidelines for diversity and human rights in British Columbia schools that will promote understanding and support for lesbian, gay, bisexual and transgendered students and staff.

This program is intended to develop a framework to guide ministry specific health and education related initiatives that might include issues involving HIV/AIDS.

Ministry of Health, Aboriginal Health Division

Title: Aboriginal Women's Addiction Services

Contact: Provincial Coordinator, Women's Health Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Ministry for Children and Families [Addictions Services]; Ministry of Health [HIV/AIDS Division, Adult Mental Health Division]

Timeline: Ongoing through 2002

Objective: To identify priorities in, and support development of, Aboriginal women's addiction services by:

- promoting implementation of Aboriginal Women and Addictions Services Action Forum recommendations; and
- promoting research and evaluation of alternative models of alcohol and other drug treatment, especially cocaine addiction and treatment models.

The Aboriginal Health Division recognizes the need to address addiction in order to slow the spread of HIV and will work closely with the Aboriginal community, Addictions Services, Ministry of Children and Families, and other divisions and addictions services providers to facilitate relevant and appropriate service development.

Ministry of Health, Aboriginal Health Division

Title: Communication Barriers to Service Utilization for Aboriginal People

Contact: Provincial Coordinator, HIV/AIDS Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Interministry Committee on HIV/AIDS

Timeline: 2000 to 2001

Objective: To improve effective service utilization for Aboriginal people by:

- identifying priority areas; and
- developing a communications plan to reduce communication barriers to service utilization.

There is limited awareness of provincial health service availability and confusion regarding eligibility among BC's Aboriginal community. Policies regarding payer of last resort for Status First Nations people further complicate the issue and reduces access. Addressing these complexities through the development of interjurisdictional communications packages will increase effective utilization of present services.

Ministry of Health, Aboriginal Health Division

Title: Harm Reduction in Aboriginal Communities and Organizations

Contact: Provincial Coordinator, HIV/AIDS Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Aboriginal HIV/AIDS service providers; Ministry for Children and Families [Addiction Services]; Ministry of Health [HIV/AIDS Division]; Red Road HIV/AIDS Network Society

Timeline: Ongoing through 2002

Objective: To increase harm reduction activities in Aboriginal communities and organizations by:

- supporting the development and distribution of information on harm reduction issues from an Aboriginal context;
- increasing access to needle exchange services through contract management and service coordination; and
- supporting evaluation of harm reduction programs' impact on HIV transmission and underlying behaviours in the Aboriginal population.

The Aboriginal Health Division will work with the Aboriginal community and other divisions and levels of government to address the needs of the at-risk population through promoting the development of a spectrum of relevant harm reduction policy and services.

Ministry of Health, Aboriginal Health Division

Title: Improved Access to Home-based Services for Aboriginal People

Contact: Provincial Coordinator, HIV/AIDS Portfolio, Aboriginal Health Division, Ministry of Health

Others Involved: Health authorities; Ministry of Health [Home Support Program, Acute and Continuing Care Division]

Timeline: 2000 to 2002

Objective: To liaise with Acute and Continuing Care Division of the Ministry of Health to identify mechanisms to improve access to home-based care for Aboriginal people with HIV/AIDS by:

- reviewing the home care recommendations in *The Red Road: Pathways to Wholeness;* and
- working with relevant Ministry of Health divisions to develop a home care support initiative.

Improving the availability and scope of home care support services to Aboriginal people living with HIV/AIDS will improve the quality of care received and reduce hospital utilization. This initiative will complement and support continuing care renewal in British Columbia.

Ministry of Health, Adult Mental Health Division

Title: People with Mental Illness Involved in the Criminal Justice System

Contact: Director, Adult Mental Health Division, Ministry of Health

Others Involved: Corrections and justice officials; health and social service providers; health authorities; Interministry Work Group on Mentally Disordered Offenders; mental health service and advocacy organizations; police/RCMP

Timeline: 2000 to 2003

Objective: To reduce the criminalization of people with mental disorders involved in the criminal justice system by:

- providing options to incarceration that enable low risk offenders to obtain health care and support services in the community; and
- ensuring people with mental disorders who are incarcerated in the corrections or forensic care system receive appropriate health care and support services.

The Ministry of Health will identify people with mental disorders involved in the criminal justice system who have or are at risk of HIV/AIDS through an interministry initiative to provide treatment, care and forensic support options that reduce incarceration. Health care support services will be provided in conjunction with the provincial corrections or community mental health/forensic care system.

Ministry of Health, HIV/AIDS Division

Title: Interministry Committee Support

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: Interministry Committee on HIV/AIDS

Timeline: 1999 to 2003

Objective: To support the activities of the Interministry Committee on HIV/AIDS and its working groups by:

- facilitating secretariat support;
- seeking the advice of the committee regarding emerging policy issues; and
- participating in the development of an Interministry Committee work plan.

The Ministry of Health will provide secretariat support and HIV/AIDS expertise for the Interministry Committee on HIV/AIDS and its working groups. The purpose of the committee is to increase involvement by other ministries in addressing the factors contributing to the HIV/AIDS epidemic and ensuring appropriate care and support services are provided.

Ministry of Health, HIV/AIDS Division

Title: Standards and Outcomes for HIV/AIDS Services

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: BCCDC; BC Centre for Excellence in HIV/AIDS; community agencies; contractor; health authorities; Interministry Committee on HIV/AIDS; Ministry of Health regional teams

Timeline: April 2000 to March 2001

Objective: To develop standards and outcomes for the delivery of HIV/AIDS services by:

- defining best practices in HIV/AIDS prevention, care, treatment and support;
- identifying performance outcomes and indicators for HIV/AIDS; and
- identifying evaluation criteria.

The Ministry of Health will consult with people living with HIV/AIDS, their partners and family members, community-based HIV/AIDS organizations and health care and social service providers on standards and outcomes for HIV/AIDS services. The standards and outcomes will be reviewed with the Minister's HIV/AIDS Advisory Committee.

Ministry of Health, Medical Services Plan

Title: Primary Care Services for People with HIV/AIDS

Contact: Manager, Primary Care Demonstration Project

Others Involved: Federal Health Transition Fund

Timeline: October 1999 to September 2002 [potential extension pending outcome]

Objective: Development and evaluation of an innovative approach to the funding and delivery of primary care for people with HIV/AIDS through:

- a pilot project involving a practice that provides primary care for approximately 25 per cent of the HIV/AIDS patients in the province.

The program will consist of:

- a blended funding model that is population-based funding for the core primary elements with fee-for-service for added services, including obstetrics and emergency care;
- multi-disciplinary, team-based care involving nurse practitioners and other care providers, such as pharmacists, social workers and nutritionists;
- increased emphasis on prevention and early intervention; and
- improved information management to facilitate best practice and allow monitoring and evaluation of the program of care.

The evaluation will include: a determination of cost of service; hospital, pharmaceutical and specialist utilization; percentage of clients receiving appropriate screening and secondary preventive interventions; client and provider satisfaction; and adherence to best practices where identified.

Ministry of Health, Women's Health Bureau

Title: Antiretroviral Medication for Women

Contact: Director, Women's Health Bureau, Ministry of Health

Others Involved: Ministry of Women's Equality; Ministry of Health [Medical Services Plan, Pharmacare, HIV/AIDS Division]

Timeline: April 2000 through June 2000

Objective: To increase access to antiretroviral medications to women by:

- including an article on antiretrovirals for women through physician newsletters.

Medical Services Plan and the Therapeutics Initiative will collaborate in the development of an article to be published in physician newsletters. The newsletters will then be distributed to all physicians in the province, as well as Women's Health Bureau and Ministry of Women's Equality stakeholders.

Ministry of Social Development and Economic Security, Social Policy Branch

Title: Additional Health Care Needs of BC Benefits Participants Living with HIV/AIDS

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: Advisory Group on HIV/AIDS; Ministry of Health; Ministry of Social Development and Economic Security [Health Services Branch, Legislation and Inter-agency Branch]

Timeline: Current to 2000/2001 fiscal year

Objective: To provide for the additional health care needs of people living with HIV/AIDS who are receiving a Disability Benefits Allowance and where no other funding sources are available by:

- reviewing the implications of a report completed by the community-based Advisory Group on HIV/AIDS, which included representatives from the HIV/AIDS community, medical experts, other health professionals and government; and
- identifying options within available government resources.

Success will be evaluated on the basis of the number of people whose additional health care needs can be met, improved health outcomes and increased stability and independence in the clients served. Fewer housing moves, greater employment earnings and a decline in crisis funding will indicate increases in stability and independence.

Ministry of Social Development and Economic Security, Social Policy Branch

Title: Treatment of Housing Subsidies Provided by Other Ministries/Agencies and Received by BC Benefits Recipients

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: BC Housing; community housing groups

Timeline: 2000/2001 fiscal year

Objective: To ensure people living with HIV/AIDS benefit from any housing subsidy for which they may qualify without a resulting deduction to their BC Benefits entitlement by:

- ensuring housing subsidies received from other ministries/agencies are not deducted from a recipient's BC Benefits entitlement.

Such a policy and regulatory amendment is intended to improve access to low-income and special needs housing for individuals on BC Benefits assistance who are eligible for housing subsidies, particularly those living with HIV/AIDS.

Ministry of Social Development and Economic Security, Social Policy Branch

Title: Pre-release Planning for Prisoners in Provincial Corrections Institutions

Contact: Regional Executive Officer, Region 1, Ministry of Social Development and Economic Security

Others Involved: Ministry of Attorney General [Corrections Branch]; Ministry of Social Development and Economic Security [Social Policy Branch]

Timeline: June 2000 and ongoing

Objective: To expedite financial assistance, including health services, for people leaving correctional centres through coordination of pre-release planning between the Ministry of Social Development and Economic Security and the Ministry of Attorney General.

Based on local models, a protocol agreement will be developed between the ministries. This agreement will ensure a process to expedite the re-integration of released prisoners into their communities. By ensuring financial assistance and health needs are met immediately upon release, ex-offenders will be less vulnerable to health risks or the risk of re-offending. Recommended strategies will address early application and eligibility determinations and will include continuation of prescribed medication or treatments and provision of medical documentation.

Ministry of Social Development and Economic Security, BC Housing

Title: Providing People Living with HIV/AIDS with the Best Possible Care, Treatment and Support Services

Contact: BC Housing; Dr. Peter Centre

Others Involved: City of Vancouver; Ministry of Health; The Dr. Peter AIDS Foundation: Vancouver/Richmond Health Board

Timeline: March 2001 through November 2002

Objective: To develop affordable housing for people living with HIV/AIDS by:

- funding the development of new supportive housing suites for the Dr. Peter Centre and providing rent supplements through HOMES BC.

A total of 24 new housing suites and rent supplements will be developed as part of the Dr. Peter Centre. These units are targeted for individuals who, because of multiple challenges in addition to HIV/AIDS (e.g. mental illness, substance abuse) require 24-hour support in their housing environment.

The Dr. Peter Centre has received approval for funding from BC Housing's HOMES BC program and has requested a further $3.7 million in capital funding through the Ministry of Health.

5.3 Research and Training

Committee members will work to improve knowledge and understanding of HIV/AIDS and issues that increase the risk of infection (through quantitative, qualitative and community-based research). The ministries will undertake the following initiatives:

Ministry of Advanced Education, Training and Technology, Post Secondary Education Division

Title: Enhancing the Knowledge Base and Skills of Students Enrolled in Health Programs Who Will be Caring for, Working with and/or Teaching People with HIV/AIDS

Contact: Project Officer, Health and Human Services Programs, Ministry of Advanced Education, Training and Technology

Others Involved: Ministry of Health [HIV/AIDS Division, Office of the Provincial Health Officer]

Timeline: Spring 2000 to 2003

Objective: To support post secondary institutions in facilitating the inclusion of current HIV/AIDS content and relevant population health information in curricula for all health and human services programs by:

- ensuring new information received from the Ministry of Health is circulated to all public post secondary institutions for inclusion, where appropriate, in curricula of health and human services programs; and
- discussing the inclusion of HIV/AIDS information within the curricula of health and human services programs at program articulation meetings, as required.

The Ministry of Advanced Education, Training and Technology will distribute new HIV/AIDS relevant information, received from the Ministry of Health, to post secondary institutions. This initiative is intended to increase students' awareness of HIV/AIDS-related issues and enhance their ability to work in an HIV/AIDS environment.

Ministry of Attorney General, Corrections Branch

Title: Monitoring HIV Prevalence in Inmate Populations

Contact: Director, Health Services, Corrections Branch, Ministry of Attorney General

Others Involved: Not applicable

Timeline: It is anticipated that such a study will be repeated within the next five years

Objective: To monitor the prevalence of HIV in inmate populations by:

- conducting periodic HIV/AIDS saliva antibody testing.

Participation in the HIV/AIDS saliva antibody testing will be voluntary and anonymous.

Ministry of Health, HIV/AIDS Division

Title: Community-based Research Initiatives

Contact: Director, HIV/AIDS Division

Others Involved: Ministry of Health [Aboriginal Health Division]; BCCDC; BC Centre for Excellence in HIV/AIDS; Health Canada

Timeline: 2000 to 2002

Objective: To identify provincial research priorities and research results by:

- encouraging the development of community-based research initiatives; and
- ensuring research priorities and findings relevant to British Columbia are shared with stakeholders.

The HIV/AIDS Division will assist health authorities to access relevant British Columbia research on HIV/AIDS. Research findings and priorities will be shared with colleges, universities, professional associations, health authorities and the HIV/AIDS community.

Ministry of Health, HIV/AIDS Division

Title: Training for Health and Other HIV/AIDS Service Providers

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: Ministry of Health [Aboriginal Health Division]; BCCDC; BC Centre for Excellence in HIV/AIDS

Timeline: 2000 to 2002

Objective: To improve training for health and other HIV/AIDS service providers in the province by:

- providing resources and advice on HIV/AIDS-related training; and
- supporting health authorities in identifying training needs and priorities.

Training support is expected to increase competence in HIV/AIDS service delivery.

Ministry of Health, HIV/AIDS Division, and Ministry of Women's Equality

Title: Awareness and Understanding of Women's Issues in the Context of HIV/AIDS

Contact: Director, HIV/AIDS Division, Ministry of Health; Senior Policy Analyst, Ministry of Women's Equality

Others Involved: Community organizations; transition houses; women's centres; Ministry of Health [Women's Health Bureau]

Timeline: April 1, 2000 through March 31, 2002

Objective: To increase awareness and understanding of women's issues by:

- providing regional training sessions to physicians, nurses and other health care providers, AIDS organizations, women serving organizations, youth groups, school counsellors and other groups identified by the community.

Participants of the regional training sessions will be asked to complete an evaluation of the session. The results will be reported to the Interministry Committee on HIV/AIDS.

5.4 Leadership/Coordination of Efforts

Committee members will promote interministry cooperation to address HIV/AIDS prevention, education, care, treatment and support issues. Initiatives in this area will include:

Ministry of Community Development, Cooperatives and Volunteers

Title: Vancouver Agreement for Downtown Eastside

Contact: Director, Vancouver Agreement, Ministry of Community Development, Cooperatives and Volunteers

Others Involved: City of Vancouver; Downtown Eastside residents; Health Canada; Ministry of Health; Ministry of Women's Equality; Ministry of Municipal Affairs and other affected provincial ministries; Vancouver/Richmond and Lower Mainland health authorities

Timeline: 1999 to 2003

Objective: To work with Downtown Eastside residents to develop a healthy and sustainable community by:

- creating a healthy, safe and sustainable community in which to live, work, visit and do business;
- assisting people to access affordable and safe housing, job opportunities and, where necessary, helping them prepare for current and future employment;
- creating sustainable economic growth and community health; and
- creating a framework for consulting and empowering the community to participate in making decisions that affect them.

The Vancouver Agreement is a five-year agreement among the federal and provincial governments and the City of Vancouver to promote and support sustainable economic, social and community development in Vancouver's Downtown Eastside. Policy, management and community committees will be established to address issues such as improved health, disease prevention and treatment options, a substance misuse strategy and crime prevention. The agreement is intended to increase the community's self-reliance through local employment, training and community enterprise development and investment. Downtown Eastside residents will be involved through policy round tables and community workshops and symposia.

Ministry of Health, HIV/AIDS Division

Title: Coordination and Collaboration on Federal and Provincial HIV/AIDS Strategies

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: The Federal/Provincial/Territorial AIDS Advisory Committee and its working groups; Health Canada; Interministry Committee on HIV/AIDS

Timeline: 1999 to 2002

Objective: To improve collaboration and coordination on HIV/AIDS with the federal government programs delivered at the provincial level and develop a pan-Canadian approach to HIV/AIDS policies by:

- collaborating with AIDS Community Action Program and other Health Canada representatives regarding programming, community consultation and evaluation initiatives;
- coordinating *British Columbia's Framework for Action on HIV/AIDS* with the *Canadian Strategy on HIV/AIDS*;
- providing advice to the Deputy Minister of Health on opportunities and recommendations for cross-jurisdictional collaboration in support of the *Canadian Strategy on HIV/AIDS*;
- participating in Health Canada consultations;
- participating in relevant federal/provincial/territorial committees; and

- including a Health Canada representative on the Interministry Committee on HIV/AIDS in an ex-officio role.

The Ministry of Health will work with Health Canada to ensure a coordinated response to HIV/AIDS service and planning issues in British Columbia. The Ministry will consult with and participate in joint planning committees with the federal government.

Ministry of Health, HIV/AIDS Division

Title: Coordination of an HIV/AIDS Prevention Strategy for British Columbia

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: Ministry of Health [Aboriginal Health Division]; BCCDC; Interministry Committee on HIV/AIDS; Minister's HIV/AIDS Advisory Committee

Timeline: 2000 to 2001

Objective: To define provincial HIV/AIDS prevention priorities and initiate an action plan for British Columbia by:

- engaging in a multi-stakeholder consultation;
- identifying and communicating prevention priorities to key stakeholders;
- developing targets and outcome measures for HIV/AIDS prevention; and
- monitoring HIV/AIDS prevention across the province.

The Ministry of Health will consult with stakeholders to develop a British Columbia HIV/AIDS prevention action plan that reflects current knowledge about best practices in HIV/AIDS prevention.

Ministry of Health, HIV/AIDS Division

Title: Coordination of Provincial and Aboriginal HIV/AIDS Strategies

Contact: Director, HIV/AIDS Division, Ministry of Health; Director, Aboriginal Health Division, Ministry of Health

Others Involved: BC Aboriginal health organizations; Healing Our Spirit BC First Nations AIDS Society; health authorities; Ministry of Health; Red Road HIV/AIDS Network Society

Timeline: 1999 to 2002

Objective: To increase access by the Aboriginal community to HIV/AIDS services by:

- coordinating implementation of *British Columbia's Framework for Action on HIV/AIDS* with *The Red Road: Pathways to Wholeness;*

- ensuring regional planning guidelines reflect the inclusion of Aboriginal involvement in local planning; and
- attending Red Road HIV/AIDS Network Society quarterly meetings and engaging in ongoing consultation and collaboration with the society.

The Ministry of Health will increase involvement of the Aboriginal community in identifying and providing HIV/AIDS service priorities. The goals and objectives included in *British Columbia's Framework for Action on HIV/AIDS* will be coordinated with the community recommendations contained in *The Red Road: Pathways to Wholeness* report. Planning guidelines and health authorities' regional HIV/AIDS plans will be reviewed to ensure they reflect Aboriginal involvement.

Ministry of Health, HIV/AIDS Division

Title: Coordination of a Regional Planning Process for HIV/AIDS

Contact: Director, HIV/AIDS Division, Ministry of Health

Others Involved: Health authorities; Ministry of Health regional teams

Timeline: 2000 to 2003

Objective: To address factors that increase risk of HIV/AIDS and improve the local and regional care, treatment and support by:

- reviewing and evaluating health authorities' HIV/AIDS health service plans;
- providing guidelines for regional planning;
- supporting health authorities in meeting goals and objectives; and
- completing the transfer of HIV/AIDS contracts for community-based services to health authorities.

Each health authority in the province will develop regional HIV/AIDS plans. An inter-regional HIV/AIDS planning process will be developed for the Lower Mainland. The Ministry of Health will support health authorities' HIV/AIDS plans by annually reviewing and evaluating the plans and providing advice on their implementation. It is expected these plans will identify opportunities at the regional level to address the social determinants of health, improve collaboration and coordinate service delivery across ministries.

Addressing HIV/AIDS will require policy, programs and guidelines which reflect the importance of regional issues and provincial-wide challenges. Regional realities will be reflected in access to HIV/AIDS prevention and education; care, treatment and support services; and research and training initiatives.

Ministry of Social Development and Economic Security

Title: Additional Health Care Needs of People Living with HIV/AIDS

Contact: Director, Social Policy Branch, Ministry of Social Development and Economic Security

Others Involved: Community groups; Interministry Committee on HIV/AIDS; partner ministries

Timeline: April 1, 2000 through December 31, 2000

Objective: To improve the quality of care, treatment and support provided by government to people living with HIV/AIDS by:

- providing options to address the issues identified by the Ministry's Advisory Group on HIV/AIDS that require interministry coordination, such as: access to over-the-counter prescriptions, vitamins and health care items excluded from coverage under the Medical Services Plan; access to alcohol and drug treatment counselling; coordination of benefits and services, through various levels of government, for Aboriginal people; and respite care for parents living with HIV/AIDS and/or their children living with HIV/AIDS.

Identifying and coordinating solutions to these problems through the government's Interministry Committee on HIV/AIDS would assist adults and children living with HIV/AIDS including, but not necessarily limited to, those receiving BC Benefits.

6.0 Next Steps

In this report, the Interministry Committee on HIV/AIDS has identified present and future planned HIV/AIDS-related programs. These programs are directed toward the reduction of the spread of HIV/AIDS, the improvement of the standard of living for those living with HIV/AIDS and their caregivers, coping with the inequities in access to health, social and other services and coordinating government efforts.

Subsequent analysis of HIV/AIDS services is expected to lead to a more comprehensive and coordinated set of services by all government agencies.

As stemming the progression of HIV/AIDS is beyond the capabilities of any single agency, ministry or level of government, coordination of efforts is of extreme importance. The working groups, which will be created by the Interministry Committee, will play a significant role in developing better coordination as they assess current and future initiatives for opportunities for both interministry and intergovernmental collaboration.

Appendix A:

British Columbia's Framework for Action on HIV/AIDS Goals and Objectives

(Released September 1998)

Goals	Objectives
To reduce the number of new infections and reduce the spread of HIV.	• Increase prevention education efforts throughout the province, including targeted programs for vulnerable populations. • Improve public understanding of the relationship between the social determinants of health and HIV/AIDS, with a view to changing the conditions that place people at risk. • Maintain responsiveness of the provincial testing program, including the prenatal screening program. • Maintain low rates of sexually transmitted diseases, which are key co-factors in HIV transmission.
To provide people living with HIV and AIDS throughout British Columbia with the best possible care, treatment and support services. These will be provided by both professional and non-professional caregivers.	• Provide community development initiatives that enable community and grassroots organizations to care, support and advocate for people living with HIV and AIDS. • Provide equitable access to a continuum of primary/community, secondary and tertiary health care services. • Strengthen the primary care system so all people with chronic illnesses, including HIV/AIDS, receive comprehensive, coordinated, quality care. • Enhance follow-up with physicians whose patients are newly-diagnosed with HIV to maximize appropriate use of early treatment, ensure adherence with treatment regimens and improve access to other health services. • Improve the knowledge, understanding and practice of HIV/AIDS care among health care providers throughout the province. • In cooperation with the BCCDC, the BC Centre for Excellence in HIV/AIDS and others, maintain and enhance the currently available specialized services. • Align services with "best evidence" in research literature.

Appendix A:

British Columbia's Framework for Action on HIV/AIDS Goals and Objectives

(Released September 1998)

Goals	Objectives
To reduce the number of new infections and reduce the spread of HIV.	• Increase prevention education efforts throughout the province, including targeted programs for vulnerable populations. • Improve public understanding of the relationship between the social determinants of health and HIV/AIDS, with a view to changing the conditions that place people at risk. • Maintain responsiveness of the provincial testing program, including the prenatal screening program. • Maintain low rates of sexually transmitted diseases, which are key co-factors in HIV transmission.
To provide people living with HIV and AIDS throughout British Columbia with the best possible care, treatment and support services. These will be provided by both professional and non-professional caregivers.	• Provide community development initiatives that enable community and grassroots organizations to care, support and advocate for people living with HIV and AIDS. • Provide equitable access to a continuum of primary/community, secondary and tertiary health care services. • Strengthen the primary care system so all people with chronic illnesses, including HIV/AIDS, receive comprehensive, coordinated, quality care. • Enhance follow-up with physicians whose patients are newly-diagnosed with HIV to maximize appropriate use of early treatment, ensure adherence with treatment regimens and improve access to other health services. • Improve the knowledge, understanding and practice of HIV/AIDS care among health care providers throughout the province. • In cooperation with the BCCDC, the BC Centre for Excellence in HIV/AIDS and others, maintain and enhance the currently available specialized services. • Align services with "best evidence" in research literature.

Goals	Objectives
To improve knowledge and understanding of HIV/AIDS and issues that increase the risk of infection (through quantitative, qualitative and community-based research).	• Involve people living with HIV and AIDS, people vulnerable to infection and other key players in defining research priorities. Priorities must strike a balance between basic science (such as drug efficacy trials and vaccine research), health services (such as clinical practice guidelines, best practices) and HIV prevention/education research. • Ensure research priorities are responsive to women's health needs. Women have traditionally been under represented in HIV/AIDS research. • Encourage collaboration and clarify roles and responsibilities for various research bodies with respect to health services research initiatives. These include the BCCDC, BC Centre for Excellence in HIV/AIDS, University of British Columbia and the British Columbia Health Research Foundation. • Expand health services research related to HIV/AIDS (such as health services utilization, best practices and clinical practice guidelines). • Reinforce relationships with universities and colleges regarding teaching of professionals and caregivers (particularly in rural and remote communities).
To address the factors that increase risk of HIV/AIDS infection and to improve care, treatment and support for people living with HIV and AIDS.	• Establish and consult with a Minister's HIV/AIDS Advisory Committee. The committee will provide advice on HIV/AIDS and implementation of the HIV/AIDS framework. • Support an interministry committee to coordinate HIV/AIDS-related activities throughout government and respond to current and emerging issues. • Establish a coordination and liaison capacity with the federal government and the BC Aboriginal AIDS Strategy. • Guide, monitor and evaluate health authorities' HIV/AIDS service plans.

Appendix B:

The Red Road: Pathways to Wholeness—Strategic Goals

(Released February 1999)

Copies of the report are available from the Ministry of Health contact identified in Appendix D of this report.

Abbreviations

BCCDC	BC Centre for Disease Control
CHR	Community Health Representative
MCF	Ministry for Children and Families
MOH	Ministry of Health and Ministry Responsible for Seniors
MSB	Medical Services Branch, Health Canada
NIHB	Non-Insured Health Benefits, Health Canada
HA	Health Authority
STD	Sexually transmitted disease

Goals	Objectives
Building healthy communities.	• Continue and increase prevention activities targeted to the underlying causes of high risk behaviour for HIV, such as poor parenting skills, alcohol and drug use, emotional, physical and sexual abuse, historical abuse through the residential school system. • Increase STD prevention and treatment services available to rural, remote and reserve communities. • Develop mechanisms to increase on-reserve health care staffing levels. • Develop appropriate and realistic job descriptions for on-reserve health staff, especially CHR's. • Improve the level and standards of training on-reserve health staff receive, especially CHR's. • Develop joint MSB/MOH comprehensive health plan information package explaining coverage under each plan (MSP and NIHB) and access procedures for Status Indians on and off reserve. • Develop mechanisms to ensure equitable access to federal on-reserve health services for off-reserve Status Indians. • Redevelop mental health services for Aboriginal people to address the full scope of mental health issues experienced, including depression, post-traumatic stress disorder and dual/multiple diagnosis services.

Goals	Objectives
To improve knowledge and understanding of HIV/AIDS and issues that increase the risk of infection (through quantitative, qualitative and community-based research).	• Involve people living with HIV and AIDS, people vulnerable to infection and other key players in defining research priorities. Priorities must strike a balance between basic science (such as drug efficacy trials and vaccine research), health services (such as clinical practice guidelines, best practices) and HIV prevention/education research. • Ensure research priorities are responsive to women's health needs. Women have traditionally been under represented in HIV/AIDS research. • Encourage collaboration and clarify roles and responsibilities for various research bodies with respect to health services research initiatives. These include the BCCDC, BC Centre for Excellence in HIV/AIDS, University of British Columbia and the British Columbia Health Research Foundation. • Expand health services research related to HIV/AIDS (such as health services utilization, best practices and clinical practice guidelines). • Reinforce relationships with universities and colleges regarding teaching of professionals and caregivers (particularly in rural and remote communities).
To address the factors that increase risk of HIV/AIDS infection and to improve care, treatment and support for people living with HIV and AIDS.	• Establish and consult with a Minister's HIV/AIDS Advisory Committee. The committee will provide advice on HIV/AIDS and implementation of the HIV/AIDS framework. • Support an interministry committee to coordinate HIV/AIDS-related activities throughout government and respond to current and emerging issues. • Establish a coordination and liaison capacity with the federal government and the BC Aboriginal AIDS Strategy. • Guide, monitor and evaluate health authorities' HIV/AIDS service plans.

Appendix B:

The Red Road: Pathways to Wholeness—Strategic Goals

(Released February 1999)

Copies of the report are available from the Ministry of Health contact identified in Appendix D of this report.

Abbreviations

BCCDC	BC Centre for Disease Control	***MSB***	Medical Services Branch, Health Canada
CHR	Community Health Representative	***NIHB***	Non-Insured Health Benefits, Health Canada
MCF	Ministry for Children and Families	***HA***	Health Authority
MOH	Ministry of Health and Ministry Responsible for Seniors	***STD***	Sexually transmitted disease

Goals	Objectives
Building healthy communities.	• Continue and increase prevention activities targeted to the underlying causes of high risk behaviour for HIV, such as poor parenting skills, alcohol and drug use, emotional, physical and sexual abuse, historical abuse through the residential school system. • Increase STD prevention and treatment services available to rural, remote and reserve communities. • Develop mechanisms to increase on-reserve health care staffing levels. • Develop appropriate and realistic job descriptions for on-reserve health staff, especially CHR's. • Improve the level and standards of training on-reserve health staff receive, especially CHR's. • Develop joint MSB/MOH comprehensive health plan information package explaining coverage under each plan (MSP and NIHB) and access procedures for Status Indians on and off reserve. • Develop mechanisms to ensure equitable access to federal on-reserve health services for off-reserve Status Indians. • Redevelop mental health services for Aboriginal people to address the full scope of mental health issues experienced, including depression, post-traumatic stress disorder and dual/multiple diagnosis services.

Goals	Objectives
Raising awareness of HIV/ AIDS.	• Continue HIV-specific prevention efforts for youth. • Increase focus of HIV-specific prevention and intervention efforts on adults 30-50 years of age. • Increase coordination between HIV, sexually transmitted diseases (STD) and Tuberculosis (TB) health services, with increased community education regarding their linkages. • Increase community education about harm reduction to ensure currently controversial services can be understood in the context of the HIV epidemic.
Preventing HIV transmission.	• Ensure harm reduction programs educate their clients about the risks of the chosen behaviour and the limitations of the harm reduction method. • Ensure harm reduction programs include non-judgmental skills building programming to encourage and support safer behaviour change. • Increase access to methadone maintenance in Vancouver and in rural areas of BC. • Increase number of methadone licensed physicians. • Reduce crack cocaine availability in British Columbia. • Increase education about safe needle disposal in community settings. • Increase needle exchange services within reserve and rural communities. • Act on the recommendations of the HIV, AIDS and Injection Drug Use National Action Plan.
Diagnosing HIV infection and starting treatment early.	• Increase access to HIV testing in rural and remote communities. • Increase available alternatives, such as dried blood spot and saliva testing, to current HIV testing methods. • Increase awareness and promotion of treatment options and the potential benefits of starting antiretroviral treatment early.
Maintaining the health of Aboriginal people living with HIV.	• Improve referral networks within and across HA's and ministries to improve continuity of care. • Improve MOH, HA, MCF and MSB communications programs to ensure up-to-date information on service delivery changes and access points to health care workers.

Goals	Objectives
Caring for people living with AIDS.	• Increase levels of access to home-based care in rural, remote and reserve communities through changes to the funding, training and service structure of home-based care services. • Increase numbers and hours of health care staff available to reserve communities from regional HA's, especially home makers and home care nurses, in recognition of the high degree of need experienced.
Providing leadership.	• Increase concrete interministry and interjurisdictional coordination on HIV/AIDS issues through stronger direction from the Prime Minister of Canada and the Premier of British Columbia to their respective Ministers stressing their support. • Increase equitable access to care through increased Aboriginal government, leadership, community and individual willingness to actively inform and work with federal, provincial and regional health services planning structures.
Securing funding for HIV/AIDS services.	• Develop clearer procedures and better liaison between NIHB and independent service providers to reduce payment concerns. • Increase development of, and funding support for, Aboriginal alcohol and drug treatment programs, especially for those targeted to women and youth. • Increase funding for training and hiring Aboriginal mental health workers, both within facilities and in the community. • Clarify Aboriginal Health Division's role within the Ministry of Health and with community-based Aboriginal health service structures. • Recommend that Aboriginal Health Division, Ministry of Health, complete evaluations of existing services and develop a omprehensive Aboriginal health strategy prior to regionalization of Aboriginal HIV/AIDS services. • Recommend and support HA development of mechanisms to involve a full and representative range of Aboriginal stakeholders in regional Aboriginal health planning and service development. • Increase cost effectiveness of funding for care, treatment and support services through joint community/MSB regional coordination and planning of federal on-reserve health services.

Goals	Objectives
Raising awareness of HIV/ AIDS.	• Continue HIV-specific prevention efforts for youth. • Increase focus of HIV-specific prevention and intervention efforts on adults 30-50 years of age. • Increase coordination between HIV, sexually transmitted diseases (STD) and Tuberculosis (TB) health services, with increased community education regarding their linkages. • Increase community education about harm reduction to ensure currently controversial services can be understood in the context of the HIV epidemic.
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Diagnosing HIV infection and starting treatment early.	• Increase access to HIV testing in rural and remote communities. • Increase available alternatives, such as dried blood spot and saliva testing, to current HIV testing methods. • Increase awareness and promotion of treatment options and the potential benefits of starting antiretroviral treatment early.
Maintaining the health of Aboriginal people living with HIV.	• Improve referral networks within and across HA's and ministries to improve continuity of care. • Improve MOH, HA, MCF and MSB communications programs to ensure up-to-date information on service delivery changes and access points to health care workers.

Goals	Objectives
Caring for people living with AIDS.	• Increase levels of access to home-based care in rural, remote and reserve communities through changes to the funding, training and service structure of home-based care services. • Increase numbers and hours of health care staff available to reserve communities from regional HA's, especially home makers and home care nurses, in recognition of the high degree of need experienced.
Providing leadership.	• Increase concrete interministry and interjurisdictional coordination on HIV/AIDS issues through stronger direction from the Prime Minister of Canada and the Premier of British Columbia to their respective Ministers stressing their support. • Increase equitable access to care through increased Aboriginal government, leadership, community and individual willingness to actively inform and work with federal, provincial and regional health services planning structures.
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Goals	Objectives
Securing funding for HIV/AIDS services. (continued)	• Increase flexibility in national and other funding guidelines and requirements to match British Columbia based community and organizational needs and structures. • Increase promotion of available funding sources for HIV/AIDS services and provide proposal development support.
Training the necessary personnel.	• Develop Aboriginal specific standardized training programs to certify Aboriginal educators and care providers to increase accuracy, consistency and quality of trained personnel. • Increase access to the BC Centre for Excellence in HIV/AIDS Physician Hotline expertise by nurses providing care. • Provide, ensure and enforce adequate training of physicians in HIV pre- and post-test counselling protocols.
Research to support effective and relevant program planning.	• Identification of reasons for level of, and barriers to, use of antiretroviral and prophylaxis medicine by Aboriginal people. • Identification of alternative and traditional health maintenance practices. • Continued surveillance tracking spread of HIV infection with increased focus on-reserve. • Identification of initiating factors and challenges to reducing use of injection drugs among Aboriginal people in British Columbia. • Evaluation of BC Centre for Disease Control MSB HIV/STD nursing training program to assess barriers to in-community implementation of training. • Evaluation of alternative models of alcohol and drug treatment, especially cocaine addiction and successful treatment models. • Evaluation of alternative methods of mental health treatment, including family and community-based therapies. • Analysis, mapping and coordination of funding policy and service development for the full spectrum of Aboriginal HIV/AIDS services across the province. • Evaluation of harm reduction program's impact on HIV transmission and the underlying behaviour in the Aboriginal population.

Goals	Objectives
Securing funding for HIV/AIDS services. (continued)	• Increase flexibility in national and other funding guidelines and requirements to match British Columbia based community and organizational needs and structures. • Increase promotion of available funding sources for HIV/AIDS services and provide proposal development support.
Training the necessary personnel.	• Develop Aboriginal specific standardized training programs to certify Aboriginal educators and care providers to increase accuracy, consistency and quality of trained personnel. • Increase access to the BC Centre for Excellence in HIV/AIDS Physician Hotline expertise by nurses providing care. • Provide, ensure and enforce adequate training of physicians in HIV pre- and post-test counselling protocols.
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Appendix C:

Health Goals for British Columbia

1. **Positive and supportive living and working conditions in all our communities**

   The most important influences on our health are the conditions we experience in our day-to-day lives. Meaningful work, healthy and supportive workplaces, sufficient income, safe and well-designed communities, supportive families and participation in social networks significantly enhance our health.

2. **Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health**

   Our personal coping skills, sense of identity and effectiveness, control over life circumstances, commitment to life-long learning and the lifestyle choices we make are key influences on our health. These personal capacities and skills are shaped during early childhood, further influenced by our day-to-day living and working conditions, and affect our resistance to disease at a biological level.

3. **A diverse and sustainable physical environment with clean, healthy and safe air, water and land**

   Sustaining a healthy environment is essential to our long term physical survival and to our sustained social and economic well-being. As well, contamination of the physical environment can pose immediate threats to human health. Our challenge is to balance protection of the physical environment with the need for sustained economic activity, while protecting human health and respecting the interests of individuals and communities.

4. **An effective and efficient health service system that provides equitable access to appropriate services**

   Quality health services, when we need them, make an essential contribution to our health and well-being. At the same time, unnecessary or ineffective health care can harm our health and use public resources that could be better spent elsewhere to enhance health. Our challenge is to ensure we have an effective system that balances public and health care provider expectations, available resources and evidence regarding outcomes of services provided.

5. Improved health for Aboriginal peoples

Aboriginal peoples experience very significant health status inequities that have occurred as part of the historical legacy of our province and country. This goal highlights the need for action to reduce these inequities, including changes to ensure greater self-determination for Aboriginal communities.

6. Reduction of preventable illness, injuries, disabilities and premature deaths

A considerable number of our major health problems can be prevented through specific targeted interventions. This goal identifies achievable and measurable reduction in health problems that take a significant toll on the health of British Columbians, and for which effective prevention or early intervention strategies are available.

Appendix D:

Ministry Contact Information

Ministry of Advanced Education, Training and Technology (Post Secondary Education)

Contact: Project Officer, Health and Human Services

Telephone: (250) 387-2043

Website: http://www.gov.bc.ca/aett

Ministry of Attorney General

Contact Director, Health Services, Corrections Branch

Telephone: (250) 995-0009

Website: http://www.gov.bc.ca/ag

Ministry for Children and Families

Contact: Director of Policy, Youth and Adults

Telephone: (250) 356-6003

Website: http://www.gov.bc.ca/mcf

Ministry of Education

Contact: Coordinator, Special Education Unit

Telephone: (250) 356-7385

Website: http://www.gov.bc.ca/bced

Ministry of Health

Contact: Director, HIV/AIDS Division, Regional Programs Policy and Strategic Initiatives

Telephone: (250) 952-3484

Website: http://www.gov.bc.ca/hlth

Ministry of Social Development and Economic Security (including BC Housing)

Contact: Director, Social Policy Branch, Policy and Research Division

Telephone: (250) 387-3133

Website: http://www.gov.bc.ca/sdes

Contact: Senior Policy Analyst, Special Needs Housing and Economic Analysis, Housing Policy Branch

Telephone: (250) 356-1752

Website: http://www.gov.bc.ca/sdes

Ministry of Women's Equality

Contact: Senior Policy Analyst, Policy and Planning Branch

Telephone: (250) 387-9602

Website: http://www.gov.bc.ca/weq

Federal Government

Contact: Manager, Population and Public Health Branch, BC/Yukon Regional Office, Health Canada

Telephone: (604) 666-2725

Website: http://www.canada.gc.ca

Appendix E:

Interministry Committee Members

Chair

Dr. Shaun Peck
Deputy Provincial Health Officer
Ministry of Health

Members

Lisa Allgaier
Director
Aboriginal Health Division
Ministry of Health
Alternate:
Nadine Caplette
Policy Analyst

Mariann Burka
Director
Social Policy Branch
Ministry of Social Development
and Economic Security

Irene Clarkson/Gord Miller
Preventive Services
Ministry for Children and Families

Johanne Fort
Project Officer
Health and Human Services
Ministry of Advanced Education,
Training and Technology

Tessa Graham
Senior Policy Analyst
Ministry of Women's Equality

Michael Callaghan
Addiction Services
Ministry for Children and Families

Elena Kanigan
Director
HIV/AIDS Division
Ministry of Health

David Molinski
Senior Policy Analyst
Special Needs Housing and Economic Analysis
Housing Policy Branch
Ministry of Social Development
and Economic Security

Dr. Diane Rothon
Director
Health Services
Ministry of Attorney General

Leonard Taal
Coordinator
Special Education Unit
Ministry of Education

Christine Tetrault
Assistant Negotiator
Aboriginal Relations Branch
Ministry of Aboriginal Affairs

Ex-officio Members

Tom Gregory
Director
Program Support and Evaluation
Ministry of Health

Betsy MacKenzie
Manager
Population and Public Health Branch
Health Canada

Linda Menheer
Program Consultant
HIV/AIDS Division
Ministry of Health

Linda Mueller
Coordinator, Policy and Support
Minister's HIV/AIDS Advisory Committee
Secretariat
Program Support and Evaluation
Ministry of Health

Appendix F:

Reference Documents

Documents referenced in this report include:

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Appendix G:

Glossary

AIDS

Acquired immunodeficiency syndrome. Deadly disease caused by the weakening of the body's immune system by HIV (see definition below) permits "opportunistic" infections to develop. Typical infections include pneumonia, neurological disease, wasting or cancer (Kaposi's sarcoma is common).

AIDS-related Deaths

Deaths caused by infections or diseases that occur as a result of the body's reduced ability to produce antibodies that fight illness.

Antiretrovirals

A combination of powerful drugs intended to suppress HIV replication in the body and prevent progression to AIDS. They are not an HIV vaccine nor are they a cure for AIDS. Combination therapies are often called "drug cocktails".

Best Practices/Best Evidence

A set of approaches to health care and support services considered effective by people using the services and professionals providing them.

Harm Reduction Practices

Harm reduction is a term with broad application and may loosely be conceptualized as any strategy aimed at minimizing adverse consequences of risky human activities. Most recently, and in current usage, harm reduction is used in reference to mitigating the effects of behaviours associated with substance abuse and HIV acquisition. Harm reduction practices, such as needle exchanges and other services for injection drug users, distributing condoms and supporting peoples' physical, social and emotional needs, reduce the effects of potentially harmful behaviours.

HIV

Human immunodeficiency virus. HIV occurs through exposure to infected blood or bodily fluids. It is transmitted through unprotected anal or vaginal sex, sharing contaminated needles, contaminated blood and blood product transfusions, by being injured by an infected needle and by breast feeding where the mother is infected with HIV. The virus spreads by infecting white blood cells called "T-cells". As the cells gradually die, the body's immune system is damaged, allowing "opportunistic" infections and/or cancers to develop.

Men Having Sex with Men/Women Having Sex with Women

This all-inclusive term is used to describe gay men, lesbians or bisexuals who have same-sex sexual and affective partners, as well as men and women who self-identify as heterosexual and have same-sex sexual relations.

Methadone

A synthetic drug used as a substitute narcotic in the treatment of heroin addiction.

Needle Exchanges

A place where injection drug users can exchange used needles for new ones and obtain bleach and water to clean used needles. Needle exchanges may be located at "fixed sites", such as community agencies and health units, or through mobile programs, such as needle exchange vans. Needle exchanges often act as a crucial gateway to other health and social services for injection drug users and other marginalized populations.

Population Health

Health Canada defines population health as: "the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services." *See page 8.*

STDs

Sexually transmitted diseases are viral infections, such as HIV, herpes and syphilis, transmitted through sexual contact.

Social Policy Ministries

Provincial government ministries that provide services that affect the physical, emotional, financial or personal well-being of British Columbians.

Street-involved

To be living on the street, to be homeless. Some street-involved people may engage in the sex trade to secure money, food or shelter. Street-involved people often experience a number of health-related concerns, including increased vulnerability to HIV and other communicable diseases and substance misuse.